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An application
for certificate of
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ARTMENT OF INSTITUTIONS

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PLEASE RETURN

AN APPLICATION FOR CERTIFICATE OF NEED FOR REPLACEMENT AND EXPANSION OF MONTANA CHILDRENS TREATMENT UNIT

CARROLL V. SOUTH
DIRECTOR


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DEPARTMENT OF INSTITUTIONS

TED SCHWINDEN GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 449 3930

HELENA MONTANA 59620

February 19, 1982

Mr. James Foley, Director
Montana Health Systems Agency, Inc.
Gold Block
Helena, Montana 59601

Dear Mr. Foley:

We are enclosing the application for a Certificate of Need for the Montana Children's Psychiatric Center to be located in Billings, Montana. The project consists of construction of a 60-bed facility for a child and adolescent psychiatric program.

This is an initial submittal and additional copies will follow your comments. Please inform us as to how many copies of this proposal your agency requires. Please provide us with a mailing list of those persons whom you feel should receive copies of this proposal.

Please contact us for any additional information that may be necessary. Thank you for your cooperation.

Respectfully yours,

John P. Casey

John P.Casey, Hospital Administrator
Department of Institutions

JPC:bt

Enclosure

DEPARTMENT OF INSTITUTIONS

TED SCHWINDEN GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 449-3930

HELENA MONTANA 59620

February 19, 1982

Mr. George Fenner, Administrator
Department of Health & Environmental Sciences
Division of Hospital and Medical Facilities
Cogswell Building
Capital Station
Helena, MT 59620

Dear Mr. Fenner:

We are enclosing the application for a Certificate of Need for the Montana Children's Psychiatric Center to be located in Billings, Montana. The project consists of construction of a 60-bed facility for a child and adolescent psychiatric program.

This is an initial submittal and additional copies will follow your comments. Please inform us as to how many copies of this proposal your agency requires. Please provide us with a mailing list of those persons whom you feel should receive copies of this proposal.

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Respectfully yours,

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Department of Institutions

JPC:bt

Enclosure

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APPLICATION

RULE II CERTIFICATE OF NEED APPLICATION FORM. The following form shall be used to apply for a certificate of need:

APPLICATION FOR CERTIFICATE OF NEED
FOR CONSTRUCTION, MODIFICATION, OR EXPANSION
OF HEALTH CARE FACILITIES AND/OR SERVICES

Official Name of Applicant, Health Care Facility of Services
Department of Institutions

Name of Person to Contact for Additional Information
Jack Casey - Hospital Administrator

City Helena State Montana Zip 59601 Telephone 449-3964

I. INTRODUCTION

A. It is suggested that the applicant contact the Bureau of Health Planning and Resource Development before completing and submitting this form. It is possible that some information listed on the form may not be required for a simple review, or that additional information will be required for a complex review. If an early contact is made between an applicant and the appropriate review agency, the applicant will be made aware of what will be required in specific cases before a formal application is completed and submitted.

B. Please fill our portions of this application applicable to your project, and send the original and one copy to: George Fenner, Adm. Hospital Medical Facilities Division, Department of Health and Environmental Sciences, Cogswell Building, Capitol Station, Helena, Montana, 59601.

II. DESCRIPTION OF PROJECT

A. This project involves: (Please check all items below that apply).

___ The construction, development, or other establishment of a health care facility which did not previously exist.

x Any capital expenditure in excess of $150,000 within a 12-month period.

x A change in bed capacity by more than 10 beds or 10% of the total licensed bed capacity, whichever is less.

x Health services which are offered in or through a health care facility and which were not offered on a regular basis in or through such health care facility within the 12-month period prior to the time such services would be offered, or the deletion by a health care facility of a service previously offered.

___ The expansion of a geographic service area of a home health agency.

x An expenditure made in preparation for the offering or development of any of the above or an arrangement or commitment made for financing the offering or development of the above.

B. Provide a description of the proposal. (Include as attachment if necessary.)

C. For existing facilities only: Provide a brief summary describing the existing institution.

D. Complete Exhibit A and Exhibit H.

E. Estimate start and completion date:

Start May 1, 1982. Completion June 30, 1984

Total proposed capital expenditure $4,656,381

Principal $2,626,000 Interest $2,030,381 (Eff.Rate 10.4589%)

Size of proposed building or addition (square feet) 27,936

Note: If a certificate of need is approved and there is a total cost overrun which exceeds the amount included in your proposal by $150,000 or 15% of the approved budget, another certificate of need may be needed.

III. DETERMINATION OF NEED AND DEMAND FACTORS

A. Need for facility or service.

1. Justification -- service area, utilization, accessibility, etc.

a. What geographic area will the proposed project service and what criteria are being used for determining this service area?

b. What is the current population of that service area: (source)

c. What is the 5-year projected population of that service area? (source)

d. What percent of the population in that service area do you expect to serve?

e. In terms of age, ethnic background and economic status, describe the specific population which will be served by the proposed new institution or service. Indicate the number of people matching this description in the service area. (Indicate general public if facility is for non-specific population.)

f. What current and projected future trends in health care which might affect facility usage were given consideration in the development of this project? Explain. (source)

g. Please include a patient origin study for the last 3 years of operation.

2. Accessibility to public.

a. Please indicate the location of the proposed facility with respect to:

(1) Transportation routes

(2) Center of population in the service area.

b. Does the architectural plan promote access for the physically handicapped? (If so, in what ways?)

c. What other health care institutions serve this area or portion thereof and provide similar services to those proposed in this application? Attach list giving name, location and evidence of joint planning efforts with these institutions. Include proposed shared services, if any. (Designate as attachment).

d. If there are no similar services in the area, please indicate the nearest facility or facilities providing these services.

B. Service components.

1. Have you consulted with the Bureau of Health Planning and Resource Development regarding the need for hospital or nursing home beds in your area? __yes__ (changes in the number of beds per area should be compatible with the State Health Plan and the Health Systems Plan.)

2. Do you have available for our information a short, long-range, or master plan containing plans for expansion, land available, zoning, public transportation, utilities, parking, etc? __yes__ (If yes, please enclose.) See Attachments XI and XIII.

3. Utilization of services -- complete Exhibit B.

4. Available and proposed services -- complete Exhibit C.

5. Please elaborate on items entered in the last column of Exhibit C (services contracted for or shared with other institutions). Describe major existing or proposed working relationships with other

providers or services in your community. For example, if the provision of a particular service is required by the proposed institution but is not within the capacity of the proposed institution to provide it, what arrangements have been made with the other community resources for providing this service for your patients?

C. Quality of care factors.

1. Complete applicable portions of Exhibit D for evaluation of applicant's demonstrated competence and quality of care.

2. Have the affected consumer/provider and related groups in your service area indicated support for your projects? (List agencies, groups and their reactions.)

3. Why do you feel this service or institution is needed in this service area?

4. What are the purposes and goals of the project?

5. Indicate sources of need statistics.

6. Do you have a waiting list of persons desiring your proposed services? If so, please enclose.

IV. PROGRAM STAFFING AND OPERATION CAPABILITY FACTORS

A. Manpower and Education

1. Complete Exhibit E.

2. What are the expectations and from what sources will you draw for filling the staff positions created by the proposed institution or service? Include manpower development needs, training resources, etc.

3. Have recruiting efforts in your area been successful? If so, describe.

4. If you operate an existing facility, do you meet current staffing standards?

B. Organizational and physical structure

1. Provide a narrative description of the project, to include:

a. Size, type construction, floor space, beds, square feet per bed, parking, etc.

b. Description of both old and new facilities where applicable.

c. Time frame(s) for construction.

d. Method of, or anticipated, long-term community support.

e. Please include a line drawing of proposal.

C. Legal and licensure considerations

1. Complete Exhibit D.

2. Will the project correct non-conforming conditions?

3. Is the project in conformance with local zoning laws? (city or county)

4. Do the structures meet safety codes?

D. System compatibility

1. Does the proposed project fit into the overall or long-range plans of the community and state?

a. Describe the relationship of this proposal to other community and state plans, such as the State Health Plan and the Health Systems Plan.

b. Is this service part of the current three-year capital expenditure plan for the facility? Do you have a three-year plan for the facility? Yes_____ No_x_ If yes, please enclose.

c. Have environmental considerations been made? Architectural compatibility, waste disposal accessibility, etc. Explain.

V. FINANCIAL FEASIBILITY

A. Capital expenditure requirements

1. Please indicate the approximate date that obligation of funds will be incurred for the proposal.

2. What is the source of funds?

a. Amount available $2,626,000

b. Amount to be borrowed Part of Long Range Building Bond Issue

3. Include a complete debt service cash flow schedule (complete Exhibit F)

a. Term of loan 15 years

b. Interest rate 10.4589% (Effictive Rate)

4. Include the following financial operating statements for the last 3 years.

a. Audited balance sheets.

b. Audited revenue and expense statements.

c. Changes in net working capital.

d. Any other financial operating statements.

5. Please provide the following:

a. Projected revenue and expense statements with supportive population and utilization assumptions both during construction and the first two years of operation.

b. Projected cash flow schedule for proposed project during construction and the first two years of operation.

c. Projected balance statements with statistical assumptions during construction and first two years of operation.

d. Utilization projections demonstrating need for the project.

6. Provide cost breakdown and projections for both construction and operations. Complete Exhibit F.

7. Will costs and charges for room rates or specific services be increased? If yes, by how much? (Please explain in detail).

B. Operating fund demands and budget factors.

1. What the sources of operating revenue in percentages?

Medicare 0

Medicaid 76.9

Private Pay 23.1

Insurance 33.3% of private pay

2. If grant support is provided the project, how will you finance the service upon termination of this support?

3. Will depreciation be funded?

4. Explain plans for meeting possible operating deficits.

5. What effect will the proposed capital expenditure have on annual operating costs? Will the operating costs be increased or decreased? By how much?

VI. COST CONTAINMENT FACTORS

A. How does your architectural plan promote economy in the delivery of service?

B. Does your proposal demonstrate superior community cost-benefit or community cost-effectiveness? Explain.

C. Are shared services available as an alternative to duplication? (Please explain in detail.)

D. Have alternatives been considered to provide the service proposed by your project? If so, explain.

(Signature of responsible party) (Title) (Date)

C. F. Clay, Capital Improvements Chief 2

NARRATIVE

1. DESCRIPTION OF PROJECT

Present Facility

As mandated by HB 666, the Department of Institutions is planning on constructing a 60-bed Children and Adolescent Psychiatric Intermediate Care Facility in Billings, Montana. The Psychiatric Children and Adolescent Unit is presently located at Warm Springs State Hospital in Deer Lodge County. It is maintained by the State of Montana to provide evaluation and treatment for severely disturbed children and adolescents. (See Attachment I).

The present Unit was established by an award of the Department of Health, Education and Welfare Grant in 1976. (See Attachment II). It is important to note that the Department of Institutions was mandated by the Legislature to move this program to community facilities as early as possible.

Admission to the Warm Springs State Hospital Children's Unit, as this Psychiatric Children and Adolescent Unit is called, is governed by Montana commitment legislation and Warm Springs State Hospital policy and procedures. (See Attachment III). Montana statutes and regulations pertain to admissions for evaluation and/or treatment.

Proposed Facility

In January 1981, the Department of Institutions submitted a proposal to the 47th Legislature of the State of Montana to construct a 60-bed facility. This proposal was presented to the 47th Legislature for the following reasons:

1. To correct Fire, Life, Safety conditions in the present facility.
2. The Legislature's mandate of 1977 to locate the facilities in communities. (See Attachment IV)
3. To increase reimbursement for treating youth under the age of 18 years. The present unit is not certified and has no probability of becoming certified.
4. To decrease the stigma of being committed to Warm Springs State Hospital.
5. To increase the opportunity for residents to participate in community programs and thereby improve their transition back to the community.
6. To reduce the number out-of-state placements by providing these necessary services in Montana.
7. To prevent any commitments of children or youth to Warm Springs State Hospital.

It is important to note that the proposed project replaces the existing thirty (30) bed facility at Warm Springs State Hospital. However, the program in philosophy remains the same. The most significant changes include:

a. The population age will be 5 to 18 years of age. (Warm Springs State Hospital Children's Unit was 10 to 18 years of age).
b. The educational program will be accredited.
c. The capacity will be increased by thirty (30) beds.

The proposed program narrative may be reviewed in Attachment V.

II. DETERMINATION OF NEED AND DEMAND FACTORS

A. Need for Facility and Service

1. Justification:

The need for the construction of a 60-bed psychiatric facility (30 additional beds) at Billings, can be demonstrated by:

a. Utilization of the 30-bed Children's Unit at Warm Springs State Hospital since its development in 1976 has had an 85.16% utilization rate. For the last 3 years (1979, 1980 and 1981) the utilization rate has been 92.33%. (See Attachment VI). In addition, during the peak periods, older adolescents, ages 17 - 18 years old, have been placed on adult wards to eliminate overcrowding in the Children's Unit. The duration of these placements ranged from 2 to 8 months. During FY 1980, 25 children were transferred to adult units at Warm Springs State Hospital.

b. There has been an ongoing waiting list for admissions to the Children's Unit at Warm Springs State Hospital. On July 1, 1980 there were 30 children on the waiting list. This waiting list was reduced by out-of-state placements and inappropriate placements to juvenile correctional facilities and adult units at Warm Springs State Hospital. Presently, there are 11 pending admissions to the Children's Unit.

These children may wait from 2 to 6 months for admission. It is apparent that this length of waiting has discouraged some agencies and individuals from applying for admission to the Children's Unit at Warm Springs State Hospital. (See Attachment VII)

c. A recent survey (August, 1980) of the number of severely disturbed children in need of intensive treatment in Montana indicated that 144 children required intensive residential treatment and 583 children required intermediate residential treatment. (See Attachment VIII). The study was undertaken by the Committee for Emotionally Disturbed Children in the summer of 1980. The Committee for Emotionally Disturbed Children conducted this needs assessment based on information from 200 youth services providers.

d. Out-of-State Placements: During 1979 the State of Montana had approximately 30 children placed in out-of-state facilities for treatment of emotional problems. Presently, the state has 28 children placed in out-of-state facilities. The Social and Rehabilitation Services has placed 18 children and the Office of Public Instruction has placed 10 children. There are an undetermined number of children residing in psychiatric facilities which are sent by school districts or parents which are now known by any of the 200 service providers that were contacted for the needs assessment survey. This state has an obligation to provide mental

health services to children within the state. This commitment has encouraged the human services providers of Montana to decrease out-of-state placements and increase the appropriate services within Montana. This commitment has temporarily reduced the number of out-of-state placements. (See Attachment IX)

The geographic area that will be served is the State of Montana and specifically the severely emotionally disturbed children and adolescents who are from 5 to 18 years of age. The criteria for admission are specified in Attachment III.

The current population of severely disturbed children is estimated to be 144. The population for moderately disturbed children is estimated at 583. The combined total is 727. Presently, the Committee for Emotionally Disturbed Children is conducting a followup needs assessment for 1981. Although no formal projection has been made by any agency as to the projected population of emotionally disturbed children by 1986, it is expected an increase will be commensurate with increases in population, unemployment, drug dependency and alcohol abuse.

The new Children and Adolescent Program is expected to serve approximately ninety (90) of these individual each year. The profile of the children to be served by the program includes:

- children under the age of 18 years
- from all economic and ethnic backgrounds.

The more specific individual disfunctions are elaborated in Attachment VIII - Population Served. The number of people in Montana who match this description are 144.

Future and current health care trends which demonstrate the need for this program are:

a. Federal and State funding constraints which hamper the development of intensive residential programs in communities.
b. No development of long-term, intensive and intermediate care program serving the same population.
c. Return of out-of-state placements because of the increasing need of the facility by indigenous children.
d. The inadvisability to remodel the existing Children's Unit at Warm Springs State Hospital in order to meet JCAH accreditation standards and thereby receive federal reimbursement.
e. In the inability of Pine Hills School and Mountain View School to develop psychiatric support programs for approximate current case load of 40 children in need.

Patient origins within the last 3 years include 96 Montana residents going through the program at Warm Springs State Hospital. Specific origins may be found in Attachment X.

2. Accessibility to the Public

The Children and Adolescent Program will be located in the 227 and 228

block of 27th Street South of Billings, Montana. Billings has 3 local Taxi services and has a city operated bus network which has a route that travels 27th Street. (See Attachment XI).

Billings, Montana is both the geographical and population center of the service area. Logan International Airport is four miles from the proposed site. The Bus Depot if 12 blocks from the proposed site. Transportation of all modes is available to and from Billings, Montana. The accessibility to the public of Montana is probably the greatest in Billings.

The facility will be constructed utilizing the latest edition of the Fire, Life, Safety Codes and the Joint Commission on Accreditation of Hospitals standards or any intermediate health care facilities, which includes requirements for access for the physically handicapped. Since reimbursement from Title IXX is a goal of this program, adherence JCAH standards, Title IXX and XX regulations as well as Section 504 of the Rehabilitation Act is essential in facility construction and program development. Presently the state has two similar residential facilities for the psychiatric treatment of children and adolescents. The Yellowstone Boys' and Girls' Ranch located in Billings, Montana and the Residential Intensive Treatment Zone (RITZ) located in Great Falls, Montana. The former has approximately 115 beds and the latter has 15 beds. These two facilities provide services primarily for the mildly and moderately emotionally disturbed children. The Yellowstone Boys' and Girls' Ranch does offer a six month secure intensive program for severely disturbed children, however, if at the end of that term the treatment has been unsuccessful, the children

revert to Warm Springs State Hospital or to out-of-state facilities. The RITZ does not provide a secure residential treatment program for severely emotionally disturbed children. Therefore, the population for which this facility is being constructed is to provide long term care psychiatric services to the severely emotionally disturbed population of children and adolescents of the State of Montana.

Deaconess Hospital in Billings, Montana does have psychiatric services for children. These services are primarily evaluation, diagnosis and acute care treatment. Like Yellowstone Boys' and Girls' Ranch and the RITZ, it does not provide long term intensive care treatment. Pine Hills School, located in Miles City, Montana and Mountain View School for Girls, located in Helena, Montana contract for services for emotionally disturbed children within their population with their local communities.

Presently the Department does not have a proposal for shared services with the RITZ, Yellowstone Boys' and Girls' Ranch, Deaconess Hospital, or St. Vincents Hospital. However, shared services are being investigated with Yellowstone Boys' and Girls' Ranch and the Deaconess Hospital in Billings, Montana/Wyoming Health Resources of Billings, Montana and St. Vincents Hospital. (See Exhibit C).

B. Service Components

Our request for sixty (60) beds is in compliance with Montana Health Systems Plan for, two acute care psychiatric units. (See Attachment IX). The Montana State Health Plan, 1981-1982 did not specifically address long term psychiatric care for children and adolescents. At this point I believe

it is important to note that the Montana State Health Plan does not include state operated facilities in their bed counts or in their projected needs.

The proposed area for the siting of this facility may be found in Attachment XIII. The area is approximately 3.6 acres. It is zoned as a residential with immediate public transportation, utilities and parking. The land was donated by the City of Billings for the construction of this facility. (See Attachment XIV)

C. Quality Care

Since this facility is a Statewide mental health facility support was sought from a statewide area. Letters of support were received from sixteen service providers statewide. (See Attachment XV).

The need for this facility has been clearly demonstrated in previous exhibits and attachments.

The location of the facility is mandated by HB 666 and is specific to be located in Billings (See Attachment XVI). Much discussion was held concerning this facility during the meetings of the Joint Appropriations Subcommittee on long-range building. The need again is demonstrated in the testimony of various providers, consumers, state agencies and the Department of Institutions. Again, the location of the facility was also studies and alternative sites were considered. The intention of the legislature was to locate this facility in Billings. (See Attachment XVII).

The purpose and goals of the Children's Program is to provide care and treatment for those children who have been described as the most seriously mentally and emotionally disturbed in the State. The program utilizes a multidisciplinary team approach. The Philosophy and goals of the program are contained in attachment V and XVIII.

Statistics to identify the need were compiled from the following sources:

1. Children's Unit, Warm Springs State Hospital
2. Department of Institutions
3. Department of Social and Rehabilitation Services
4. Interagency Committee on Emotionally Disturbed Children
5. Montana Health Systems Agency
6. Montana Department of Health & Environmental Sciences
7. Regional Community Mental Health Centers

There presently is a waiting list of 11 persons for placement into the Children's Unit. The waiting list has at times reached as many as 30. There are presently 28 Out-of-state placements (See Attachments VII and IX.

The Children's Unit at Warm Springs has, since its beginnings, provided services to the emotionally disturbed children of Montana of the highest quality. The Unit has been used by other states as a model program. Within the field of mental health the program enjoys the reputation of being one of the best programs in the United States. The program has and continues to be evaluated through utilization review, peer review and quality assurance evaluations by interdisciplinary teams and committees (See Attachment XIX).

The program has had its problems and this new unit addresses these problems. A brief history and alternatives to help alleviate some of these problems are contained in Attachments XVII, XX, and XXVII.

IV. Program Staffing and Operation Capability Factors

A. Manpower and Education

As stated above the Children's Program enjoys a fine reputation. The success of this program is due partially to the design of the program, but more importantly, to the dedicated staff in the Children's Unit at Warm Springs State Hospital. It is the intention of the Department of Institutions to transfer as many present employees to the new Children's Unit as are willing to transfer. Vacancies that occur or new positions for the Unit will be recruited statewide. We are presently negotiating with a health service provider in the Billings area to handle recruitment for this unit. Billings has the highest ratio of health care professionals in the state.

Within the Department of Institutions, Mental Health and Residential Services Division is located the Manpower Project. This unit has been and will continue to be utilized for our manpower development and inservice education needs at the New Children's Center. (See Attachment XXI). The Department of Institutions is also planning on tapping in on local training programs presently located in Billings:

1. St. Vincent's Hospital
2. Deaconess Hospital
3. District #6 Health Care Learning Center
4. State programs offered in the Billings area.

Recruiting efforts in the Billings area have been relatively easy when compared to the rest of the state both St. Vincents and Billings Deaconess Hospitals have an active recruitment program and we envision developing linkages with these and other programs for the purposes of recruitment.

Current staffing at the Warm Springs facility meets minimum requirements. Staffing in the new facility will meet or exceed licensure and certification requirements (See exhibit E).

Line drawings of the new facility are contained in Attachment XI. The program detailing the space requirements, beds, square feet/bed and parking are in attachment XXII. The plans for this project have been reviewed by the State Building Standards Bureau. Detailed code requirements and instruction standards including type of construction all meet and are in compliance to 1979 Uniform Building Code (See Attachment XXIII).

It is anticipated that construction will start in May 1982 and will be complete July 1983. The building is being funded through the long-range building program of the State and the operations will be funded by the State's General Fund. The facility will be licensed as a hospital (psychiatric) and it will be accredited by the Joint Commission and will be certified for Medicaid. The

project is in conformance with local zoning laws and all non-conforming conditions including fire, life and safety will be corrected.

As outlined in attachment XIII the proposed project fits into the long range plans of the Billings community. Environment considerations have been made. The design of the facility makes it compatible with the other structures envisioned in the greenbelt development. City water, sewer and garbage services are adequate to handle the needs of the proposed facility.

V. Financial Feasibility

The construction of this facility will be financed by the State of Montana Long Range Building Fund. (See attachment XVI). This project was part of a bond issue that was authorized by the legislature. The bonds for the long range building program are dated 9/1/81. Bids on the bonds were opened September 23, 1981 and were accepted on October 7, 1981. The project cost estimates of $2,626,000.00 are in attachment XXIV. The term of the bonds is 15 year with an effective rate of 10.4589%.

State agencies are normally audited every two years. The Childrens Treatment Program in and of itself is not audited, but is included in the audit of Warm Springs State Hospital. (See Attachment XXV). Audits for 1978 and 1979 were not done on Warm Springs State Hospital.

It is estimated that 76.9% of the patients utilizing the new facility will be Medicaid eligible.

The remaining 23.1% would be private pay, of these 33.3% would be covered by insurance. These estimates are based on our present population in the Childrens Unit at Warm Springs State Hospital.

The cost per patient day will be decreased by 68.06 and 74.29 for each of the FY year s 85 and 86 respectively. This is a cost reduction from the projected cost per patient in FY 84, plus 9% inflation for each of FY 85 and FY 86. (See Attachment XXVI)

The estimated revenues and expenses are based on the following assumptions: (See attachment XXVI)

1. The Legislature will approve the operating budget of the Children's Center at the requested level.

2. That the occupancy rate will reach nd be maintained at 90.79%.

3. That patient mix will be the same as far as Medicaid eligibility, private pay and insurance coverage.

4. no reimbursement from the Office of Public Instruction.

5. Inflation rate of 9% per year.

The new facility will not be dependent upon cash flow. Once the Legislature approves the budget the funds are available for operations for a two year period. All reimbursement is then deposited to the State's General Fund. Any short-fall in estimated reimbursement will not affect the operations.

Revenues generated for this New Facility will be from:

1. Private Insurance.
2. Medicaid Reimbursement - Funds paid for the care of those who are eligible.
3. Patient Reimbursement - The amount paid by the patient.
4. Possible reimbursement from the Office of Public Instruction for the cost of the educational program.

At the present time the Department of Institutions does not envision grant monies to be available for either operations or construction.

Depreciation although projected for cost reporting purposes will not be funded.

Any operating deficiency would be made up in cut back of operation expenses and services. (Short Term). If the deficiency were long term, the general fund appropriation would need to be increased to provide the same level of service.

The estimated cost of construction prepared by the Department of Administration, Division of Architecture and Engineering is attached. (See Attachment XXIV).

Annual operating costs of the Children's Program will decrease per patient day due to this new construction. (See Attachment XXVI).

VI. Cost Containment

A. Delivery of Service - The design of the facility enables us to maximize staff time and to allocate staff in an efficient, effective manner.

B. Commuinity Cost-effectiveness - As explained in Attachment XXVI the cost per patient day decreases from projected FY 84.

C. Shared Services - Exhibit C demonstrates that services are going to be shared. Billings has the largest medical community within the State. The Department of Institutions has made initial contacts with St. Vincents and Billings Deaconess Hospital to explore the possibility of sharing services in order to avoid duplication.

D. Alternatives - Many alternatives have been explored. These alternatives are discussed in detail in the following attachments: XVII, XX and XXVII.

CONFLICT OF INTEREST

CONFLICT OF INTEREST

No member of the Governing Body, Executive Committee of any entity appointed by the Governing Body or Executive Committee may, in the exercise of any function of the agency described in subsection (e), (f), or (g) of Section 1513, vote on any matter before the Governing Body, Executive Committee, or any such entity respecting any individual or entity with which such member has (or, within the 12 months preceding the vote, had) any of the following relationships with respect to the applicant or any potential competitor of the applicant: substantial ownership, employment, medical staff, fiduciary, contractual, creditor, or consultative relationship. The Governing Body, Executive Committee, and any entity appointed by the Governing Body or Executive Committee shall require each of its members who has or has had such a relationship with an individual or entity involved in any matter before the Governing Body, Committee, or entity to make a written disclosure of such relationship before any action is taken by the Body, Committee, or entity with respect to such matter in the exercise of any function of the agency described in Section 1513 and to make such relationship public in any meeting in which such action is to be taken.

Any member of a review committee who may have a conflict of interest, as defined by Public Law 96-79, must declare himself in conflict of interest, remove himself from the committee table but may still participate as a member of the audience, having no vote.

Those having conflict of interest shall declare themselves for each of the projects listed on the agenda as these projects are announced by the chair. Other members of the review body, members of the public or the applicant may challenge a voting member of that body.

CONFLICT OF INTEREST DISCLOSURE

I, John P. Casey, hereby disclose that I have a conflict of interest on the Montana Children's Center application submitted for review by the Montana Health Systems Agency _____ _____ Council/Committee. Therefore, I will not vote on the application and will remove myself from the Council/Committee table during the review of this application and participate only as a member of the audience.

My conflict arises from an interest which I have in the above-mentioned application, described as follows:

/ / 1) I am (or have been in the past 12 months) involved in a substantial ownership with the applicant being considered.

/X/ 2) I am (or have been in the past 12 months) employed by the applicant being considered.

/ / 3) I am (or have been in the past 12 months) on the medical staff of the applicant being considered.

/ / 4) I have (or have had in the past 12 months) a fiduciary relationship with the applicant being considered. (Fiduciary means: a) held or found in trust or confidence; b) holding in trust; c) depending on public confidence for value or currency, [fiat money].)

/ / 5) I have (or have had in the past 12 months) a contractual relationship with the applicant being considered.

/ / 6) I am, have been in the past 12 months, or will be a creditor of the applicant being considered.

/ / 7) I have (or have had in the past 12 months) a consultative relationship with the applicant being considered.

/ / 8) I am (or have been in the past 12 months) a competitor of the applicant being considered.

Because of my relationship with the applicant or application being considered above, I am in conflict concerning this applicant or application being reviewed at this public meeting.

John P. Casey 3/31/82

Signature Date

EXHIBIT A

EXHIBIT A

Please complete application portions of the following table providing information concerning current and proposed capacity of the existing and/or proposed institution services.

General Hospital	A	B	C	D
Medical Surgical				
Obstetrical				
Intensive Care				
Pediatric				
Nursery Bassinets				
Psychiatric				
Rehabilitation				
Skilled Nursing				
Other, Specify				
TOTAL				
Special Hospitals				
Psychiatric	60	60	*54	60**
Long Term Care				
Skilled Nursing Care				
Intermediate				

Outpatient Centers	Current Capacity	Proposed Capacity
Outpatient procedures performed		
Other, Specify		
Home Health Agencies		
Number of visits		
Consultation Provided		

Current Capacity-Reporting Period 30 - 11-30-81 .

A. - Licensed Bed
B. - Certified Medicare or Medicaid Beds
C. - Average Daily Census
D. - Number of beds to be added proposed capacity

* Eight beds assigned for evaluation and crisis admissions.
** Projected - 90.79% Occupancy

EXHIBIT B

EXHIBIT B

Please complete the following information as it applies to your proposal:

Existing	3 yrs. ago	1 yr. ago	Current FY	FY + one°	FY + two°	FY + three°
Average Daily Census	28	28	26			
% Occupancy	93	93	88			
Average Length of Stay						
Total Discharges						
Emergency Room Visits						
Outpatient Visits						
Home Care Visits						
Lab Exams						
Radiology						
Surgical Procedures						
Respiratory Therapy						
Other (Specify)						

Proposed

Average Daily Census				54	54	54*
% Occupancy				90.79	90.79	90.79
Average Length of Stay						
Total Discharges						
Emergency Room Visits						
Outpatient Visits						
Home Care Visits						
Lab Exams						
Radiology						
Surgical Procedures						
Respiratory Therapy						
Other (Specify)						

Note:
FY - Fiscal Year
°FY + one = Projected future utilization after inauguration of new facility or service.

* Eight beds assigned for evaluation and crisis admissions.

EXHIBIT C

EXHIBIT C

Which of the following services are currently available and/or proposed for the health care facility? Which of the following services are contracted for or shared with other health care institutions or services?

	Yes	No	To Be Added	Date	Contracted or shared
1. Postoperative Recovery Room					
2. Coronary Care Unit					
3. Intensive Care Unit					
4. Open-Heart Surgery Facility					
5. Pharmacy w/FT Reg. Pharmacist	X				
6. Pharmacy w/PT Reg. Pharmacist			X	7-1-84	X
7. X-Ray					
8. Cobalt Therapy					
9. Radium Therapy					
10. Diag. Radioisotope Facility					
11. Therapeutic Radioisotope Fac.					
12. Histopathology Lab.					
13. Organ Bank					
14. Blood Bank					
15. Electroencephalography	X		X	7-1-84	X
16. Inhalation Therapy Dept.					
17. Premature Nursery					
18. Self-Care Unit					
19. Renal Dialysis Inpatient					
20. Renal Dialysis Outpatient					
21. Burn Care Unit					
22. Physical Therapy Dept.	X				X
23. Occupational Therapy Dept.	X		X	7-1-84	
24. Med. Rehab. Unit Inpatient					
25. Med. Rehab. Services-Outpatient					
26. Chemotherapy					
27. Pediatric Care - Acute Psych.	X		X	7-1-84	X
28. Maternity Care					
29. Psychiatric Care Inpatient	X		X	7-1-84	
30. Psychiatric Services Outpatient					
31. Psych. Partial Hosp. Program	X		X	7-1-84	X
32. Psychiatric Emergency Services	X		X	7-1-84	
33. Psych. Foster &/or Home Care					
34. Psych. Consultation & Educa.Serv.					
35. Clinical Psychology Services	X		X	7-1-84	
36. Organized Outpatient Dept.					
37. Emergency Dept.					
38. Social Work Dept.	X		X	7-1-84	
39. Family Planning Service	X		X	7-1-84	
40. Genetic Counseling Service					
41. Abortion Service Inpatient					
42. Abortion Service Outpatient					
43. Home Care Department					

44. Dental Services	X		X	7-1-84	X
45. Podiatric Services					
46. Speech Pathology Services	X		X	7-1-84	X
47. Long-Term Care Unit	X		X	7-1-84	
48. Patient Representative Serv.					
49. Alcoholic & Detox Unit-Inpatient					
50. Alcoholic & Detox Unit-Outpatient					
51. TB & Other Respiratory Diseases					
52. Neonatal Intensive Care Unit					
53. Audiology Services	X		X	7-1-84	X
54. Paramedic Training Program					
55. Other Services (please specify)					
56. Medical Services	X		X	7-1-84	X
57. Medical Records	X		X	7-1-84	
58. Dietary Services	X		X	7-1-84	X
59. Recreation Services	X		X	7-1-84	
60. Education Services	X		X	7-1-84	
61. Optometric Services	X		X	7-1-84	X
62. Community Hospital (Emergency)	X		X	7-1-84	X
63. Religious Counseling/Educ.Serv.	X		X	7-1-84	X

Exhibit C: Elaboration of Other Services

To be JCAH accredited the following services must be available to the residents.

Service	Reason
Medical	Physician services must be available 24 hours/7 days a week. Medical examinations must be made within 7 days after admission if one has not been done within 30 days prior to admission.
Medical Record	Complete records for physical including specific illnesses, current medication use, medical history, allergies, etc., must be maintained for each resident.
Dietary	Facilities that provide 24 hour care must have a written plan for dietary services for the facility as well as each individual requiring a special diet.
Recreation Optometric	Inpatient, residential facilities shall provide activity services to meet the physical, social, cultural, recreational, health maintenance and rehabilitation needs of residents.
Education	Inpatient and residential facilities shall provide, or make arrangements for the provision of, education services to meet the needs of all residents.
Religious Counseling and Education	Pastoral services shall be available in accordance with the needs of residents.
Community Hospital (Emergency)	The facility shall have emergency services available for the residents.

Proposed services which will be contracted are presently being investigated. Primary agencies to be contacted are the community hospitals, mental health centers, private practitioners and public schools. Additional contracted services will include laundry, insurance, legal, library, psychological, pest control, and equipment maintenance services.

EXHIBIT D

EXHIBIT D.

Please complete all applicable items:

1. Ownership or control of facility (Please circle)

 Corporation (Governmental)
 Individual Partnership
 Other, specify_____
 Is institution for profit_____ or, non-profit X

2. Please attach lists of names, titles, addresses and business affiliations of the following:

 Owners and corporate officers of the health care institution.
 Governing Board of Directors of the institution.
 Owners and corporate officers of the organization which operate the institution.

3. Operating organization: State of Montana, Department of Institutions

 Chief administrative officer of operating organization: CARROLL V. SOUTH, Director
 (Name / Title)

 Chief administrator of Institution: To be hired 4-1-84
 (Name / Title)

4. Accreditation and approval:

	Yes	No	Plan to Apply Yes	Plan to Apply No	Expiration Date
Licensed by State		X	X		
Membership-Natl. Assn.					
_____ Name					
Accreditation: Joint Commission on		X	X		
Accreditation of Adoles.Psych.Pro.		X	X		
Certification-Medicare,Medicaid		X	X		
Other, specify:					

If health care institution is not accredited or certified, please explain:

Present facility does not meet fire-life safety code or JCAH accreditation for adolescent acute Psychiatric

EXHIBIT E

Exhibit E

Present Staffing

POSITION REGISTER
WARM SPRINGS STATE HOSPITAL CHILDRENS UNIT

Position No.	Classification Title	Class Code and Grade
2073	Supervisor II, Treatment Unit	045030 - 18
2443	Clark, General Office IV	219007 - 07
2903	Psychologist V	045007 - 17
2024	Psychologist III	045006 - 15
2900	Psych. Social Worker III	195013 - 15
2017	Social Worker III	195010 - 13
2902	Recreation Therapist II	079011 - 14
2901	Recreation Therapist I	079010 - 13
2041	Music Therapist I	079040 - 13
3600	Counselor, Rehabilitation II	045011 - 12
3401	Teacher Aide II	094009 - 08
4105	Teacher, Ungraded Room II	000000 - E8
4106	Teacher, Ungraded Room II	000000 - E8
4499	Teacher, Ungraded Room II	000000 - E8
2048	Teacher Aide II	094009 - 08
2904	Psychiatric Nurse III	075012 - 14
2144	Psychiatric Nurse II	075011 - 13
2124	Psychiatric Nurse II	075011 - 13
2227	Licensed Practical Nurse III	079003 - 11
2233	Licensed Practical Nurse II	079003 - 11
2169	Licensed Practical Nurse II	079002 - 10
2193	Licensed Practical Nurse II	079002 - 10
2238	Licensed Practical Nurse II	079002 - 10
2203	Licensed Practical Nurse II	079002 - 10
2767	Psychiatric Aide III	355010 - 09
2765	Psychiatric Aide III	355010 - 09
2494	Psychiatric Aide II	355009 - 08
2525	Psychiatric Aide II	355009 - 08
2540	Psychiatric Aide II	355009 - 08
2572	Psychiatric Aide II	355009 - 08
2724	Psychiatric Aide II	355009 - 08
2455	Psychiatric Aide II	355009 - 08
2609	Psychiatric Aide II	355009 - 08
2624	Psychiatric Aide II	355009 - 08
2719	Psychiatric Aide II	355009 - 08
2448	Psychiatric Aide II	355009 - 08
2594	Psychiatric Aide II	355009 - 08
2550	Psychiatric Aide I	355008 - 07
2327	Psychiatric Aide I	355008 - 07
2462	Psychiatric Aide I	355008 - 07
2505	Psychiatric Aide I	355008 - 07
2215	Licensed Practical Nurse II	079002 - 10
2196	Licensed Practical Nurse II	079002 - 10
2623	Psychiatric Aide II	355009 - 08
2514	Psychiatric Aide I	355008 - 07

Exhibit E

Proposed
STAFFING

SUPPORT SERVICES

F.T.E.	CLASSIFICATION	GRADE
Administration:		
1.0	Superintendent II	19
1.0	Administrative Assistant V	17
1.0	Business Manager III	15
1.0	Accounting Technician I	9
1.0	Accounting Clerk II	7
1.0	Secretary II	8
2.0	Clerk-Typist III	6
General Services:		
1.0	Maintenance Foreman II	13
2.0	Maintenance Worker I	8
1.0	Transportation Officer I	8
6.0	Custodial Worker I	6
1.0	Housekeeper Supervisor	
1.64	Laundry Workers	
Food Services:		
1.0	Food Service Manager II	12
3.26	Cook III	9
3.26	Food Service Worker II	6
1.0	Food Service Worker I	

DIRECT CARE NURSING SERVICES

Medical Services:		
3.0	Psychiatric Nurse III	14
2.0	Psychiatric Nurse II	13
5.0	Licensed Practical Nurse II	10
1.0	Medical Record Technician	
Psychiatric Services:		
1.0	Psychiatric Supervisor R.N.	16
6.0	Psychiatric Aide III	9
6.0	Psychiatric Aide II	8
27.1	Psychiatric Aide I	7

F.T.E.	CLASSIFICATION	GRADE
PROFESSIONAL SERVICES:		
Education:		
1.0	Education Director I	15
4.0	Teacher, Ungraded III	13
4.0	Teacher, Ungraded II	12
3.0	Teacher Aide II	8
3.0	Teacher Aide I	7
1.0	Counselor, Rehab	13
Recreation:		
2.0	Recreation Therapist I	13
3.0	Recreation Therapist Aide I	8
Therapy:		
1.0	Music Therapist	13
2.0	Psychologist V	17
2.0	Psychologist III	15
1.0	Psychometrist	14
COMMUNITY SERVICES:		
Case Management:		
1.0	Psychiatric Social Worker III	15
1.0	Social Worker I	11
Collateral:		
2.0	Psychiatric Social Worker II	14
1.0	Social Worker I	11

TOTAL F.T.E. = 112.26

EXHIBIT F

EXHIBIT F. (See Attachments XXII and XXIV)

A. Provide the following estimated project costs:

1.	Consultant Fee	$ _____
2.	Legal Fee	$ _____
3.	Printing Expenses	$ _____
4.	Registration	$ _____
5.	State Tax	$ _____
6.	Title Recording	$ _____
7.	Rating Fee	$ _____
8.	Financing Fees (e.g., Underwriter's discount)	$ _____
9.	Feasibility Study	$ _____
10.	State/Local Inspection Fees	$ _____
11.	Loan Insurance Fees	$ _____
12.	Interest (during construction)	$ _____
13.	Reserves related to public bond issue	$ _____
14.	Temporary relocation expenses	$ _____
15.	Pre-opening expenses	$ _____
16.	Other consulting fees (e.g., environmental impact, acoustical, speciality spaces like radiation therapy rooms, etc.) Please detail.	
	_____	$ _____
	_____	$ _____
	_____	$ _____
	_____	$ _____
17.	Land acquisition and site development	$ _____
18.	Site survey and soil investigation	$ _____
19.	Material Testing	$ _____
20.	Architect Fees	$ _____
21.	Engineering Fees	$ _____
22.	Supervision (owner's cost allowance)	$ _____
23.	Performance and payment bond	$ _____
24.	Contingency: Construction, change order, inflation	$ _____
25.	Labor and Materials	$ _____

26. Floor Area (square feet)

	Existing (Area)	New Construction (Area)	Renovation (Area)
Total Facility (Gross)	_____sq.ft.	_____ sq.ft.	_____sq.ft.
Patient Care	_____sq.ft.	_____ sq.ft.	_____sq.ft.
Administration	_____sq.ft.	_____ sq.ft.	_____sq.ft.

27. Construction/Renovation Costs

	New Construction (Costs)	Renovation (Costs)
Total Project	$_____	$_____
Patient Care	$_____	$_____
Administration	$_____	$_____

28. Estimated life of the assets for depreciation $_____

EXHIBIT F (Continued

B. Source of capital financing for this project proposal:

Source of Funds	Amount	Percent
Cash on hand	$_____	_____
Commercial Loans	$_____	_____
Government Loans	$_____	_____
Government Grants	$_____	_____
Net earnings and reserve	$_____	_____
Bequests and endorsements	$_____	_____
Charitable fund raising	$_____	_____
Revenue Bonds	$_____	_____
Other _____	$_____	_____
_____	$_____	_____
_____	$_____	_____
TOTAL PROJECT COSTS	$_____	_____

EXHIBIT G

Exhibit G

Funding for the Construction of a 60-Bed
Children and Adolescent Psychiatric Unit
to be located in Billings, Montana

The monies to construct this 60-bed Children and Adolescent Unit was part of HB 666. The appropriation of proceeds from long range building bonds was authorized in HB 666. $2,626,000.00 is appropriated from the B.P.I.C.A. to the Director of the Department of Administration, contingent upon the authorization of the sale of long range building bonds by the Legislature is approved in 17-5-402 and 17-5-403, and the sale of the bonds by the Board of Examiners. Monies to construct this facility were authorized by the 47th Legislature. The sale of the bonds was also authorized by the Board of Examiners. The funds to construct are approximately 7% of the total bond issue. The estimated cost of the facility was $2,626,000.00. The interest rate on the long range building bonds ranged from 9 to 12 percent. The term is 15 years. The effective interest rate on this particular project is 10.4589%. The principle of the monies amounts to $2,626,000.00, interest amounts to $2,030,381.00, for a total of $4,656,381.00. This information was supplied by the Department of Administration, Mr. Rick Morgan of the Central Services Division.

EXHIBIT H

EXHIBIT H.

Equipment List

Please specify the major items of fixed and movable equipment you anticipate purchasing as a part of this project.

Item

The estimates on equipment as prepared by the Architecture and Engineering Division are attachments 22 and 24.

ATTACHMENT I

Children and Adolescent Psychiatric Program

Mission

The Children and Adolescent Psychiatric Program is a residential facility providing long term educational and therapeutic services for male and female residents (who are the most seriously mentally and emotionally disturbed in the state) between the ages of 10 and 18 years. The capacity for this program is 60.

Population Identification

This population can generally be identified as not having their needs met in the community based or other institutional programs and consequently have unsuccessfully responded to other programs. The type of child referred to this long term residential facility will have manifested at least five of the following ten major social and psychological characteristics which have precluded their successful treatment in other programs.

1. Self-injurious behaviors including suicidal attempts
2. property destruction
3. verbal and physical aggression toward others with little or no provocation
4. hallucinations and delusions which moderate their life
5. social withdrawal and social skill deficits
6. habitual runaway reactions, having failed three previous placements
7. manic and depressive states
8. non-compliance and oppositional behavior
9. psychosomatic complaints
10. low self-esteem

The emotional and behavioral disorders which qualify youth for treatment at the CAPP are often accompanied by specific learning disabilities, perceptual motor handicaps, academic delay, and mild or moderate mental retardation.

Program Overview

Treatment at the CAPP is multifaceted and multidisciplined. The therapeutic objectives are promoted in the daily milieu structure, consisting of academic instruction and remediation (5 hours per day); instruction in daily living skills; physical education and recreation (minimum 1 hour per day); instruction in indoor games, drafts, hobbies, music and art (minimum 1 hour per day).

Psychoactive medications are used as adjuncts to treatment, when recommended in psychiatric evaluations and review. Every attempt is made to gradually discontinue psychoactive medications before a youth is discharged.

Comprehensive medical care (dental work, correction of vision or hearing problems, treatment for infections, etc.) is provided throughout the period of residence in the program. Residents at the CAPP are also involved in formal group therapy (3 hours per week); individual therapy (3 hours per week) and family therapy (2 hours per week). These sessions have specific focus, e.g., social skills development, stress or anxiety management, self control training, modification of maladaptive cognitions, etc.

Educational and therapeutic efforts are facilitated by a group motivational system. (Education supplements this system with a token point economy). This system defines the residents rights and duties as to basic living needs and activities. It provides observable management of behaviors to demonstrate to the child his/her progress through the therapy and educational programs, as well as provide a framework for consistent staff monitoring and response. The system allows the resident to progress through the levels for meeting general and individualized goals (which are developed by the resident and a multi-disciplinary team) with respect to daily living (work habits, personal hygiene, punctuality, etc.); social interactions (conversation skills, politeness, conflict negotiation, etc.); use of leisure time; performance in academic or vocational-training activities; behavior in the community (interactions with the public, use of community resources, compliance with social norms, etc.); and progress toward resolving personal problems (delusions, hallucinations, addictions, etc.). Within this motivational system, emphasis is placed upon the resident accomplishing his/her individualized treatment goals. The resident moves through the levels by demonstrating their accomplishment and having selected staff approve their progress. Each level gives the resident more freedom and he/she is expected to exhibit greater self-control. Also, each level specifies behavioral requirements, privileges and eventually plans for discharge.

Outreach and family services constitute the final and critical part of the treatment, since the psychological condition of the resident is viewed as inseparable from his/her home and community support systems. (The residential program emphasized the primary issues of, dealing with loss, learning to be responsible for one's own behavior, feelings and actions, and learning the limits of one's power and authority as it relates to dealing with other people, particularly the resident's family.) Home visits are routinely preceded by telephone planning conferences. Regularly scheduled family therapy sessions are conducted for families and close contact is maintained with appropriate community agencies. In addition, the CAPP Social Worker and other program staff make intermittent visits to the resident's home communities for the purpose of identifying placement possibilities and planning programs after discharge from the program.

Staff Resources

The CAPP stresses a highly complex multi-disciplinary staff who have the ability to deal with the residents in relation to their own professional disciplines, and to work as a truely multi-disciplinary team. The disciplines involved in the program include psychology; psychiatry, social work; special, elementary, secondary and vocational education; speech/hearing, occupational therapy; and medical/nursing. Ancillary services are available on contract (e.g. dental, laboratory, etc.).

Physical Resources

The CAPP environment emphasizes safety for the residents and the staff. Provisions for security, open spaces, quiet areas, treatment, education, sleeping, eating, etc. are designed for maximum conditions which contribute to the individualized goals.

Admissions Criteria

Admissions are made to the CAPP in accordance with sections of the Montana Code Annotated pertaining to residential treatment for minors. Direct admissions to the CAPP may be made in emergency cases where space is available. In cases of emergency, contact with the CAPP must be made prior to transporting the youth.

Since the CAPP is co-educational and part of the program focuses on prudent living arrangements as well as heterosocial relationships, efforts to avoid wide sex imbalances with the resident group will affect admissions. Also, at any given time, no more than 25% of the census may consist of residents who are exhibiting physical aggression toward themselves or others. This limit on the representation of aggressive youth in the program permits staff to more effectively manage episodes of aggression and to better protect non-aggressive residents in the facility.

Children and adolescents diagnosed as mildly or moderately mentally retarded may be served by the CAPP, providing that such diagnoses are secondary to another mental disorder. Because retarded people usually require more extensive programming and closer physical supervision, their representation in the CAPP will be limited to 25% of the census. Physically handicapped youth may be served in the program, providing the severity of the handicap does not preclude the resident's involvement in treatment activities. Motor impaired youth must at least be proficient in the use of prosthetics which permit ambulation. Given the current staffing of the CAPP, children or adolescents who are totally blind or deaf must be excluded from the program, unless they have been trained to function at an adaptive level in spite of these handicaps, for example, by using a white cane, by reading lips, etc.

Finally, admission to the CAPP, requires a signed consent for psycho-educational testing from the resident's legal guardian. Also, a complete developmental social history, a medical history and immunization record, and school records are required.

Discharge Considerations

Although specific discharge criteria are outlined for each individual resident, discharge decisions are generally based upon the following considerations:

1. progress in the group motivational system
2. Remission of psychological disorders or symptoms which precipitated admission
3. Development of acceptable adaptive behaviors suited to placement in a less restrictive setting
4. Demonstration of appropriate behavior during trial visits to the community or to the prospective placement setting.
5. Development of a less restrictive placement alternative and appropriate aftercare arrangements or outpatient therapeutic supports.

With respect to residents who have been involuntarily committed and who are approaching the end of a commitment period, documentation of improvement in the areas listed above will largely determine whether a re-commitment petition will be filed.

ATTACHMENT II

MAR 2 [illegible]

State of Montana

Department of Institutions

RNOR
HOMAS L. JUDGE

CTOR
OBERT H. MATTSON

BOARD MEMBERS
ZELLA A. JACOBSON GREAT FALLS
ELDON E. KUHNS BILLINGS
WILLIS M. McKEON MALTA
ROBERT J. PALLO KALISPELL
JOHN W. STRIZICH, M.D., HELENA

Helena, 59601

March 16, 1976

Mr. Stanley Mahoney, Ph.D.
Association Regional Health Director
For Mental Health
Region VIII, Federal Office Bldg.
19th & Stout Street
Denver, Colorado 80202

Dear Mr. Mahoney:

The Department of Institutions endorses the Hospital Improvement Grant for a children's program submitted by Warm Springs State Hospital and are supporting this project with $292,235.00 of general fund monies. The project is in agreement with the Department's philosophy of reducing the dependency of persons that have severe disability problems. Also, it is in line with the policy to sustain the development of improved treatment programs. As it is the mission of this Department to focus on the treatment of severe disability proglems after they have become manifest, it is appropriate that the hospital improvement grant should emphasize providing treatment for only the seriously motionally disturded child.

The funding of this grant will facilitate the services to seriously emotionally disturbed youth of Montana who are presently receiving very little consideration of their special needs.

Sincerely,

Robert H. Mattson

Robert H. Mattson
Director

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

GRANT APPLICATION FOR HEALTH SERVICES

LEAVE BLANK - For PHS Use Only

PROJECT IDENTIFICATION NUMBER

Administering Component	Major Program Categories	Serial Number	Year of Support	Supplement Number

ADMINISTRATIVE CODES

PHS Programs	Type of Programs	Type of Application	Resubmittal

PROGRAM DATA

GRAM (Identify program support requested)

OSPITAL IMPROVEMENT PROGRAM

TYPE OF APPLICATION

- [x] New
- [] Renewal
- [] Continuation
- [] Supplement
- [] Revision

LE OF PROJECT (OR PROGRAM) (Limit to 53 spaces)

CHILDREN'S PROGRAM - WARM SPRINGS STATE HOSPITAL

NAME AND ADDRESS OF APPLICANT (Street Number, Street Name, City, County, State or Country, ZIP Code, and Congressional District)

State of Montana
Department of Institutions
Warm Springs State Hospital
Warm Springs, Montana 59756

CONG. DISTRICT: 1

EMPLOYER'S IDENTIFICATION NUMBER: 81 - 6001717

5. PROGRAM/PROJECT PERIOD

FROM (Mo., Day, Yr.)	THROUGH (Mo., Day, Yr.)
7/1/76	6-30-78

6. BUDGET PERIOD

FROM (Mo., Day, Yr.)	THROUGH (Mo., Day, Yr.)
7/1/76	6/30/77

7. AMOUNT REQUESTED FOR (Direct costs only)

a. Budget Period: $ 100,000

b. Program/Project Period $ 200,000

RECTOR OF PROJECT (Program or Center Director, ordinator or Principal Investigator)

- [] Mr.
- [] Miss
- [] Mrs.
- [x] Dr.

NAME (Last, First, Middle Initial): Xanthopoulos, Harry C., M.D.

(Specify)

TITLE: Superintendent
Warm Springs State Hospital

DEGREE: M.D.

SOCIAL SECURITY NO.: 561-38-5948

ADDRESS (Street Number (or Box Number), Street Name, City, State (or Country), Zip Code)

Warm Springs State Hospital
Warm Springs, Montana 59756

OFFICE TELEPHONE (Area Code, Tel. No. Extension)
406-693-2221/2320

8. FINANCIAL MANAGEMENT OFFICIAL

- [x] Mr.
- [] Miss
- [] Mrs.
- []

NAME (Last, First, Middle Initial): McCarthy, Thomas L.

(Specify)

TITLE: Accounting-Budgeting Supervisor
Warm Springs State Hospital

ADDRESS (Street Number (or Box Number), Street Name, City, State (or Country), Zip Code)

Warm Springs State Hospital
Warm Springs, Montana 59756

OFFICE TELEPHONE (Area Code, Tel. No., Extension)
406-693-2221/2346

FORM APPROVED
O.M.B. NUMBER 68-R 1221

PROJECT IDENTIFICATION NO.

ASSURANCES AND CERTIFICATIONS BY APPLICANT

The following assurances and certifications are part of the project grant application and must be signed by an official duly authorized to commit and assure that the applicant will comply with the provisions of the applicable laws, regulations, and policies relating to the project.

The applicant assures and certifies that he has read and will comply with the following:

Title VI—Civil Rights Act of 1964 (PL 88-352) and Part 80 of Title 45, Code of Federal Regulations, so that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination on the grounds of race, color, or national origin.

Patents and inventions (Current PHS Policy Statement) under which all inventions made in the course of or under any grant shall be promptly and fully reported to HEW.

Specific assurances, policies, guidelines, regulations and requirements in effect at the time the grant award is made and applicable to this project (including the making of reports as required and the maintenance of necessary records and accounts, which will be made available to the Department of HEW for audit purposes) which are contained and listed in the grant application package and made a part hereof.

SIGNATURES – Use ink. Autographic signature of Official authorized to sign for applicant and Project Director or other person(s) authorized to sign in their behalf.

APPLICANT NO. 1 *(Name only)*
State of Montana, Department of Institutions - Warm Springs State Hospital

DIRECTOR OF PROJECT	*(Signature only)* Harry C. Xanthopoulos, M.D.	DATE *(Mo., day, yr.)* 3-17-76
OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT.	SIGNATURE Harry C. Xanthopoulos, M.D.	DATE *(Mo., day, yr.)* 3-17-76
	☐ MR. ☐ MRS. ☐ MISS ☒ Dr. *(Specify)* NAME *(First, middle initial, last)* AND TITLE Harry C. Xanthopoulos, M. D.	DEGREE M.D.

APPLICANT NO. 2 *(Name only)* (Use only for joint applications)

DIRECTOR OF PROJECT	*(Signature only)*	DATE *(Mo., day, yr.)*
OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT.	SIGNATURE	DATE *(Mo., day, yr.)*
	☐ MR. ☐ MRS. ☐ MISS ☐ _____ *(Specify)* NAME *(First, middle initial, last)* AND TITLE	DEGREE

[illegible] APPLICATION AND [illegible] SITE DATA

For PHS Use Only

APPLICANT (Name only)

ORGANIZATIONAL LEVEL • 1
State Department of Institutions

ORGANIZATIONAL LEVEL • 2
Warm Springs State Hospital

ORGANIZATIONAL LEVEL • 3
Children's Unit

ORGANIZATIONAL LEVEL • 4

ORGANIZATIONAL LEVEL • 5

OFFICIAL TO WHOM CHECKS ARE TO BE MAILED (If different from Financial Management Official)

[X] MR. [] MISS [] MRS. [] (Specify)

NAME (Last, First, Middle Initial)
McCarthy, Thomas L.

TITLE
Accounting-Budgeting Supervisor

ADDRESS (Number, Street Name, City, State • County, ZIP Code)
Warm Springs State Hospital
Warm Springs, Montana 59756

1. MODEL CITY INVOLVEMENT — None

INVENTIONS (Complete for continuation and renewal applications only)

A. [] No
B. [] Yes – Not previously reported
C. [] Yes – Previously reported

5. HUMAN SUBJECTS AT RISK [] Yes [X] No (see instructions)

CERTIFICATION [] Yes – Approved (Date) _____
[] Yes – Pending Review (Date) _____

SPECIAL ASSURANCE CERTIFICATION [] (attached)

PROJECT IDENTIFICATION NO.

7. ARE FEDERAL FACILITIES TO BE USED FOR THIS PROJECT?

[X] NO [] YES _____ % OF TIME

8. ORGANIZATION DESCRIPTORS

A. TYPE

(1) PUBLIC
- [] Federal
- [X] State
- [] Interstate
- [] Metropolitan
- [] Other (specify) _____
- [] County
- [] City
- [] School District
- [] Special Unit

(2) PUBLIC SPONSORED
- [] Community Action
- [] Sponsored Organization
- [] Other (specify)

(3) PRIVATE NONPROFIT

Indicate the type of proof of NON-PROFIT STATUS furnished:

(a) IRS Cumulative List Reference: _____

	COPY ATTACHED	PREVIOUSLY SUBMITTED*
(b) IRS Tax Exemption Certificate	[]	[]
(c) State Certification Statement	[]	[]
(d) Certificate of Incorporation	[]	[]
(e) Statement of Affiliation With Parent Organization	[]	[]

*Indicate the Place and Date filed:

_____ _____

B. FUNCTION

[] EDUCATIONAL [] PLANNING [] OTHER (specify)
[X] HOSPITAL [] SERVICE

9. GEOGRAPHIC SCOPE OF PROJECT

[] NATIONAL [] STATEWIDE [] LOCAL
[] REGIONAL [] AREAWIDE [] OTHER (specify)

PERFORMANCE SITE(S): The places where the project will be conducted:

A. [X] AT APPLICANT ADDRESS ONLY B. [] AT APPLICANT ADDRESS AND OTHER SITE(S) C. [] AT OTHER SITE(S) ONLY

If B. or C. identify other sites below.

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

SITE NO. _____ (Name)

ADDRESS (Street Number, Street Name, City, County, State or Country)

CONG. DISTRICT

If more than 4 sites use page 3B.

PROJECT NO.

SUMMARY BUDGET FOR THIS PERIOD FROM / THROUGH	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS APPLICANT AND OTHER	SOURCE OF FUNDS REQUESTED FROM PHS
1. PERSONAL SERVICES	388,235	292,235	96,000
2. PATIENT CARE			
3. EQUIPMENT	1,800		1,800
4. CONSTRUCTION			
5. OTHER	2,200		2,200
6. TRAINEE COSTS			
7. TOTAL DIRECT COSTS	$ 392,235	$ 292,235	$ 100,000
8. REQUESTED FROM PHS — A. FINANCIAL ASSISTANCE (Cash Award) $ _____			
8. REQUESTED FROM PHS — B. DIRECT ASSISTANCE $ _____			
9. INDIRECT COST ALLOWANCE (Leave Blank)			
10. TOTAL COSTS (Leave Blank)	$	$	$

SOURCES OF FUNDS - APPLICANT & OTHER	(F) (S) (L) (O)	MATCHING OR COST PARTICIPATION REQUIREMENTS	OTHER
A. Applicant's Funds State General Fund		$	$ 292,23
B. Other Sources (Identify Each Source Separately)			
C. Payment for Services Provided by Project (fees, collections, etc.) (1) Title XIX (Medicaid) (2) Other			
TOTAL		$	$

INDIRECT COST (See Instructions)

_____ % S & W*

_____ % TADC*

DATE OF DHEW AGREEMENT: _____

☐ REQUESTED
☐ WAIVED
☐ UNDER NEGOTIATION WITH:

* IF THIS IS SPECIAL RATE (e.g. off-site), SO INDICATE

PROJECT IDENTIFICATION NO.

DETAILED BUDGET FOR THIS PERIOD (DIRECT COSTS ONLY)	ANNUAL SALARY RATE	NO MOS. BUDG.	% TIME	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS	
					APPLICANT AND OTHER	REQUESTED FROM PHS
	(1)	(2)	(3)	(4)	(5)	(6)
A. PERSONAL SERVICES						
1 Psychiatrist III - Grade 24 (Asst. Director)	36,178	12	100	36,178	27,134	9,044
1 Psychiatric Social Worker III Grade 15	15,722	12	100	15,722	11,792	3,930
1 Social Worker II (BA) Grade 12	11,919	12	100	11,919	8,939	2,980
1 Teacher Ungraded Rm, Grade 14	14,332	12	100	14,332	14,332	
1 Teacher, Ungraded Rm, Grade 15	15,722	12	100	15,722	15,722	
2 Teaching Aides II - Grade 8	8,222	12	100	16,444	12,333	4,111
1 Recreation Therapist, Grade 13	13,073	12	100	13,073	9,804	3,269
1 Recreation Therapist, Grade 14	14,332	12	100	14,332	10,749	3,583
1 Psychologist (Ph.D.), Grade 17	18,922	12	100	18,922	14,191	4,731
1 Psychologist III(MA), Grade 15	15,722	12	100	15,722	11,791	3,931
1 Behavior Mod. Therapist, Grade 12	11,919	12	100	11,919	8,939	2,980
1 Psychiatric Nurse Supr. Grade 13	13,073	12	100	13,073	9,804	3,269
2 LPN II, Grade 10	9,900	12	100	19,800	14,850	4,950
3 Psychiatric Aide II - Grade 8	8,222	12	100	24,666	18,499	6,167
5 Psychiatric Aide I - Grade 7	7,500	12	100	82,500	61,875	20,625
1 Ward Clerk, Grade 7	7,500	12	100	7,500	5,625	1,875
28 FTE Fringe				56,411	35,856	20,555
FRINGE BENEFITS (Rate 17%)						
CATEGORY TOTAL				$ 382,235	$ 292,235	$ 90,000

PHS 5194(Page 5)(Formerly HSM 550.1)
3-74

PROJECT IDENTIFICATION NO.

DETAILED BUDGET FOR THIS PERIOD (Continued)	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS	
		APPLICANT AND OTHER	REQUESTED FROM PHS
	(5)	(5)	(6)
ATIENT CARE			
CATEGORY TOTAL	$	$	$
QUIPMENT			
MAJOR (Movie Projector)	840		840
Instructional	960		960
CATEGORY TOTAL	$ 1800	$	$ 1800
4. CONSTRUCTION			
CATEGORY TOTAL	$	$	$

PROJECT IDENTIFICATION NO.

DETAILED BUDGET FOR THIS PERIOD (Continued)	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS	
		APPLICANT AND OTHER	REQUESTED FROM PHS
	(5)	(5)	(6)
OTHER			
B. Supplies			
5 Instructional	1200		1200
5 Classroom	1000		1000
CATEGORY TOTAL	$ 2200	$	$ 2200
6. TRAINEE COSTS			
CATEGORY TOTAL	$	$	$

PHS 5194 Page 7 (Formerly HSM 550 1)
1-74

BUDGET JUSTIFICATION

INSTRUCTIONS: Show justification for specific items or categories listed in the detailed budget for which the need is not self-evident. Justifications should clearly indicate that the items being requested are essential to the achievement of the stated project objectives and the conduct of the proposed procedures.

Proposed staffing pattern shown is minimal and is expected to adequately cover nor more than one shift. As further study is made of staffing requitement and patient load, and adjusted staffing budget with detailed justification can be submitted. State funds will be used to meet additional staffing requirements in the interim.

PROJECT IDENTIFICATION NO.

If this Application was or will be submitted to other agencies (Federal or Non-Federal) please identify them in this space.

This application has not or will not be submitted to other agencies.

OTHER RELATED FEDERAL AND NON-FEDERAL SUPPORT

INSTRUCTIONS: List all other support related to this project, except for that identified on the current year's budget. Include requests now being considered. Amounts shown should reflect total funds awarded or pending over the entire period indicated in the final column. Use continuation page, if necessary, and follow same format.

EXISTING PROJECTS

SOURCE AND PROJECT NO.	TITLE OF PROJECT OR PROGRAM	TOTAL AMOUNT	TOTAL PERIOD OF SUPPORT Give Dates (FROM - TO)
	All related support is identified in current year budget		

OTHER RELATED APPLICATIONS PENDING DECISION

AGENCY	TITLE OF PROJECT OR PROGRAM	TOTAL AMOUNT	TOTAL PERIOD OF SUPPORT
	NONE		

ESTIMATES OF PROJECT COSTS AND SOURCES OF FUNDS

PROJECT COSTS BY BUDGET CATEGORY	(DOLLAR AMOUNTS IN HUNDREDS ONLY)						
	2ND BUDGET YEAR	3RD BUDGET YEAR	4TH BUDGET YEAR	5TH BUDGET YEAR	6TH BUDGET YEAR	7TH BUDGET YEAR	8TH BUDGET YEAR
1. PERSONAL SERVICES	$ 415,410	$ 444,490	$ 475,605	$ 508,900	$ 544,525	$	$
2. PATIENT CARE							
3. EQUIPMENT							
4. CONSTRUCTION							
OTHER	2500	2750	3025	3230	3555		
6. TRAINEE COSTS							
7. TOTAL DIRECT COSTS	$ 417,910	$ 447,240	$ 478,630	$ 512,130	$ 548,080	$	$
SOURCES OF FUNDS							
1. PHS							
2. APPLICANT	417,910	447,240	478,630	512,130	548,080		
OTHER							
4. PAYMENT FOR SERVICES							
5. TOTAL FUNDS AVAILABLE	$ 417,910	$ 447,240	$ 478,630	$ 512,130	$ 548,080	$	$

JUSTIFICATION

SHORT SUMMARY OF PROJECT

PROJECT IDENTIFICATION NO.

TITLE OF PROJECT

CHILDREN'S PROGRAM - WARM SPRINGS STATE HOSPITAL

MMARY STATEMENT *(Not to exceed 200 words)*

Due to the lack of an established Children's Program at the hospital, children have been placed in the undesirable environment of adult wards making it difficult to focus on the special needs of the child and to train staff specifically to meet those needs. It is estimated that approximately 40 severely disturbed children from around the State of Montana are currently in need of such services. The Children's Program will be designed to house children in a facility (84-86) of their own with a treatment program designed and staff trained especially to meet their needs. Individual treatment plans will be developed for each child complete with criteria for evaluation. Overall program goals will be further refined and measurable objectives written to aid in program evaluation. The main goal of the program will be to return to less restrictive treatment and living environments in the community. It is anticipated that two new centers specializing in the care and treatment of disturbed children will be developed in the communities of Billings and Missoula. If these centers can be developed to care for severely disturbed children, the major b urden of the Children's Program in Montana may be transferred to those centers in the future.

NAME OF PROJECT DIRECTOR

NAME AND ADDRESS OF APPLICANT

PH- 5[illegible] Page 11 (Formerly HSM 650)
3/74

(FOR NEW APPLICATIONS ONLY)

CHILDREN'S PROGRAM

WARM SPRINGS STATE HOSPITAL

INTRODUCTION

Warm Springs State Hospital was established in 1912 as the state facility for treatment and care of persons suffering from mental illness. Patients have traditionally come to the hospital voluntarily or through court commitments. The 44th Legislature significantly changed the role of the hospital with litigation that re-defined the policy of the State and the treatment of the mentally ill. The new legislation generally sought to provide for more mental health services in the community and a role for Warm Springs State Hospital as a facility for care and treatment of persons suffering from acute mental illness. The roles of Warm Springs State Hospital are generally as follows:

1. Services to persons suffering from acute psychotic and behavioral disorders:

 (a) dangerous to themselves and others
 (b) require hospitalization in a secure environment, or
 (c) require services available only at Warm Springs State Hospital.

2. To provide services through the courts of the State that will aid in determining the competency of accused persons with respect to mental disease or defect.

3. To provide technical and support services to communities and the institutions.

Warm Springs State Hospital functions in three major areas to provide the necessary services to its clients. These are care and custody, developmental services and community services. Certain administrative and support services are also necessary to assure the efficient functioning of all patient-related services and provide accountability.

Care and Custody

Warm Springs State Hospital is committed to provide a high-level of care and custody services for its clients. Custody services will include:

(a) A guarantee that each patient's individual rights have been met,

(b) A secure environment for those patients who are potentially dangerous to themselves or others,

(c) A broad spectrum of medical-psychiatric services.

Where a less restrictive environment in the community is not feasible, Warm Springs State Hospital will attempt to place patients in appropriate, prosthetic "communities" within the institution to provide a long-term environment conducive to patient's self-respect, comfort and happiness.

Adequate physical care of all patients will be provided in a clean, healthful, comfortable environment. The physical facilities will be made to conform with existing standards and regulations for health, fire, and safety. Concern will also be given to each patient's dignity and identity, privacy and overall well-being. Adequate, nutritional meals will be provided in a clean, sanitary atmosphere. Attention will be given to each patient's needs for relief from pain and discomfort. They will be given protection from injury and infectious disease and will be given medical treatment as needed.

Developmental Services

An individualized treatment plan will be developed for each patient. The treatment plan will describe appropriate psychiatric intervention and approaches designed to return the patient to optimum functioning. Patient goals will be stated in each treatment plan and will focus on such outcomes as social, language, vocational and a wide range of coping skills.

Community Related Services

Warm Springs State Hospital has a responsibility to function effectively as part of the continuum of statewide system of mental health care and treatment services. The hospital's function will be coordinated effectively with the communities not only in receiving patients requiring the care and treatment available at Warm Springs State Hospital, but in transferring patients to the communities to a less restrictive environment. Warm Springs State Hospital will also provide training, technical assistance and public education to:

(a) Attempt to facilitate the adjustment of patient to his new environment,

(b) To assist in reducing the inappropriate admission of patients to the hospital,

(c) To assure coordination, accountability and continuity of care between the community and the institution,

(d) Participate in community programs for the maintenance of mental health.

(1) Mandates:

Warm Springs State Hospital's function, as specified in Title 80, Chapter 24 of the Revised Montana Codes, are the care and treatment of mentally ill persons. In a broader sense, however, as a result of programs to deinstitutionalize as many patients as possible, legislate under Title 38 of the 44th Montana Legislative Assembly, it has become an integral part of the statewide mental health program, which includes five mental health regions, each serving approximately equal portions of the state's population.

The geographical area served is the entire State of Montana, approximately 147,100 square miles. Population served is the entire citizenry of the State, 694,409 (1970 census). As the only state mental health hospital in

it provides community-related services (e.g., intake and discharge procedures, diagnostic services, provision of technical and professional assistance to each of the regional mental health centers), care and custody services (e.g., housing, nutritious food, medical aid, clothing and sanitation), and developmental services (e.g., counseling, occupational therapy, physical therapy and a full-range of psychiatric services).

(2). Resident Population:

The present resident population (as of March 15, 1976) is 690 patients, of whom 19 are children between the ages of 12 and 18. 528 are adults between the ages of 19 and 65 and 143 are above the age of 65. Of the resident's population, 389 are males.

A. Specific Aims:

1. Problem --- Montana communities are sending to Warm Springs State Hospital the children and youth who are seriously emotionally disturbed because Montana currently does not have any residential treatment center capable of providing treatment for the seriously disturbed youth. The only alternative to committing to Warm Springs State Hospital (WSSH) is to seek an out-of-state placement. Out-of-state placement is very expensive and often is not adequate. It is virtually impossible to return the youth quickly to his community and frequently he must spend his entire school age outside the State. Because of these situations, WSSH averages 20 seriously disturbed youth which are housed and treated with the adult population. These youth are receiving very little consideration of their special needs and remain at this population level for several years. It is estimated that an additional 20 seriously disturbed youth reside in the State and receive inadequate services.

2. Goals---To reduce the population of children and youth at WSSH who are inappropriately placed. - To develop a treatment program for children when a less restrictive environment is not feasible in the community. -- To provide a stable, well-ordered environment in which the child can live, be treated, educated and returned as quickly as possible to the community -- To assist the State Mental Health Bureau in establishing a community-based residential diagnostic treatment program for seriously emotionally disturbed youth. -- To establish an administrative policy to accept only those children and youth screened by community mental health centers and it has been determined that there is no feasible community treatment for them in the State of Montana. -- To carefully screen the youth presently at WSSH and to transfer inappropriately placed youth into the community mental health service programs. -- To encourage the development of school and home programs for treatment of emotionally disturbed youth in cooperation with the Office of Public Instruction, Department of Social and Rehabilitation Services, and the regional mental health centers.

B. Significance:

It is believed that regardless of the diagnosis of the children admitted to WSSH, that there are several concepts which would need to be employed in order to provide appropriate treatment to the child while hospitalized. First among these is the fact that it is well recognized that many of the children who are admitted to WSSH come from very disturbed backgrounds, where separation, loss and instability are a real factor in their lives. Consequently, any treatment setting should provide for a stable, well-ordered environment for the child to live, work and be treated in. Secondly, it is necessary to recognize that in our culture, a good part of the work of the child is, in fact, in school, so that any programs for children must include attempts to get the child into a school setting and, more importantly, keep him there. Typically, what we do see with the children admitted to the hospital is that their school performance, as well as attendance, is notoriously poor. We are suggesting that the program at WSSH would include provision for the school to come to the child, if, that is, in fact, where the child must start and provision to move into the school setting already established here at WSSH with as much support as possible from the treatment staff to keep the child in school. Finally, as the child progresses in treatment, the assignment can be made for the child to attend public school. It is suggested that a standby program for the children in school, whereby the teacher and the classroom would have a full-time child staff person available to help her if the child became so disruptive in the classroom that she required help with him. The idea behind the standby program is for the staff person on standby, to remove the child from the classroom, very quickly trying to ascertain what is going on with the child, try to come up with a solution, and attempt to get the child back into the classroom as quickly as possible. The standby program was originally developed at the University of Colorado Medical School, Children's Day Care Center, in Denver, and is widely used in the Denver Public School System.

Thirdly, any children's program must recognize that a great many of the problems of children center around their inability to deal effectively with either adult, authority or peer relationships and a good deal of importance needs to be placed on helping the child to better deal with these relationships. This could best be effected by both group and individual therapy.

Fourth, not only do severely disturbed children demonstrate many learning problems, but their ability to function physically may also be quite impaired. For this reason, it is suggested that a concentrated program of physical education and training also be a major part of this proposal. A system of award must be employed and it is suggested that a behavior modification orientation to award management be used.

Finally, it is recognized that due to the wide variety of children's problems seen in this hospital, ranging from character disorders to severe neurotic conditions to blatant psychosis, that the treatment modalities must remain flexible and basically eclectic in nature, especially as this pertains to individual therapies involved.

This project encompasses a philosophy and intent of both the Governor's policy statement for human services in this State and the Department of Institution's Planning Process. As directed in November of 1975, the program objectives in MH-MR Programs in the Department of Institutions must:

I. Improve programs for persons who must be put in institutions for their protection or the protection of society will involve focus of responsibility and accountability for specific program dimensions in each of the institutions.

A. In every institution a development training and treatment provision will be established and will be responsible and accountable for:

1. Educational programs specifically prescribed for each resident
2. Social development programs prescribed for each resident
3. Self-help skills, work, or career development programs for each resident.

B. Establish a custody and care division in each institution which will be responsible for:

1. Health of residents
2. Food services
3. Physical environment and care

C. Establish a division of community related services in each institution which will provide:

1. Discharge planning for each resident
2. Cooperative involvement with families and agencies in developing community services needed to reduce institutional admissions and to facilitate discharges from the institution.
3. Provide information services for treatment planning within the institution.

(3) Staff Resources:

The staff at WSSH has 1004.32 full-time equivalent positions authorized, in which 832.52 persons were employed as of March 1, 1976, with 120.8 vacant positions. The vacancies have been maintained to provide funds for transfer to community comprehensive mental health centers along with the transfer of a substantial number of patients that are most appropriately cared for in the community. The authorized level of FTEs was to provide for a patient population in excess of 900 as compared with 690 today. Initial staffing needed for the children's program are detailed on PHS-5194 (page 5) for an underlying available treatment facility; Warm Springs State Hospital includes some 15 buildings for residential treatment (some are over 50 years old, and one currently under construction). It has facilities for diagnostic, acute medical, therapeutic and psychiatric services. It conducts bi-weekly professional exchange services with the five regional mental health centers.

A. Resources and Facilities to be used:

1. In addition to those personnel already cited on page PHS-5194 (page 5) above, the following numbers and categories of personnel will be involved in this project: Psychiatrist, grade III, about 24, approximately .25 FTE including the Superintendent who will also act as project director; 2 psychologist IV, grade about 17; approximately .75 FTE; 2 physicians, grade about 24, approximately .25 FTE; 2 Psychiatric Nurses, grade about 13, approximately .75 FTE; 2 Social Workers II, grade about 12, approximately .25 FTE; 10 various Food Service, clerical, janitorial and maintenance personnel, approximately 3.5 FTE.

(5) Method of Procedure:

The following procedures will be used in implementing this project at WSSH:

a. That the usual hospital procedure for admission, i.e., tentative psychiatric and physical examinations by the physician, be done, and that the child would be placed in the closed setting of Unit 85.

b. That a complete evaluation would be done within a week of the child's admission. This would include a psychiatric examination, psychologicals, social history, nursing evaluation, educational and physical education evaluation, and recreational evaluation. At this time the staff would come up with an initial diagnosis, the development of an initial treatment program, the assignment of the individual therapist and the school placement would be worked out. Finally, a tentative discharge and followup plan would begin at this point.

c. There would be a bi-monthly staffing of each child, or on an as needed basis. There will be a system devised of staff members on call, which would include non-medical staff, to provide coverage on an after hours basis and on weekends.

d. Medical problems would be referred to the hospital doctor on duty if medical problems were to arise after hours.

e. There is to be a staff meeting at the beginning of each day, for the purpose of evaluating routine problems, with the program or with an individual problem, which will undoubtedly arise.

f. There is to be one weekly case conference presentation for the purpose of ongoing inservice training, which would be for the entire children's staff.

g. Training for the staff for the children's program must be considered as an outgoing process. We expect to be able to meet this requirement in five basic ways:

1. On-the-job training under supervision of professional staff.

2. Weekly staffings at which attendance of the staff will be mandatory.

3. Specific training to be done by various professional staff members on a weekly basis.

4. Consultation to the hospital staff from outside resources.

5. Attendance of staff to various seminars, training courses, as well as visitations to other treatment programs for disturbed children.

I. Phase One -- Admission Phase.

A. All children admitted to the proposed Children's Treatment Center at WSSH should be evaluated by way of community agencies or agency or professional person, prior to their commitment to the hospital and further, that no child who can cope with or be placed advantageously with a community agency, should be admitted to WSSH.

B. That the community funding agencies that have custody of the child, particularly Social and Rehabilitative Services, should be required to continue such custody and it should be understood that these agencies are to be involved intimately with the treatment and release planning of the patient at the onset of admission to the treatment program.

C. The admission of the child will be for a 30 day evaluation period. WSSH staff will reserve the right to release such patient back to the area originally requesting such evaluation, and such evaluation does not mean that the child will be accepted for treatment at WSSH if the staff, in fact, determines that a community program would be in the best interest of the child.

D. The admission procedure shall include, but is not limited to:

1. The usual procedure (Item 5A)
2. Direct admission to Unit 85, in the closed section, and
3. All of the above stated procedures.

J. Phase Two -- Evaluation

A. The admitted child is to undergo, within two weeks of his or her admission:

1. A complete psychiatric examination
2. A complete social history

3. Psychological testing
4. An academic educational evaluation
5. A physical coordination evaluation
6. Special interests evaluation
7. A nursing observation evaluation
8. Placement in a peer group within the program.

B. The first staffing of the patient is to be held upon the conclusion of the above evaluation, at which time the following is to be determined:

1. Tentative release plan with the community agencies to be involved at this point,

2. The primary therapist named,

3. The case coordinator (please see copy of case coordinator program attached),

4. The child will be placed in a definite group setting. The present proposal is that the group placement at this point should be mixed, so that we have patients who are ready to be released with patients who are beginning the program, in order to get some peer authority and responsibility going within the context of the program.

K. Phase III -- Treatment Program

Phase III includes three stages, the first being bi-monthly staffings, in conjunction with the individual patient, setting both objective and subjective goals, which are to be assigned and evaluated, and the criteria of an individualized treatment plan. The educational program is to be integrated very closely with the treatment program and in this first stage much of the responsibility for the setting of the program will have to lie with the staff. The second stage of the treatment program would imply more responsibility for the treatment plan with the child, the movement of the child to the classroom setting at WSSH and the responsibilities of the child increasing with commensurate privileges, and fourth, more involvement of the child with the rehabilitation therapies program presently offered here at WSSH. The third stage has as its goals:

1. Movement to the community setting, either in Butte, Anaconda or Deer Lodge, whichever can best be worked out,

2. Prepare the child for release by arranging a series of visits to the tentative appropriate community placement,

3. The individual therapist will begin to work on termination with the child in conjunction with the named therapist and the community mental health center in the area to which the child is returning. It must be emphasized that a good deal of overlap in this last phase, with the community agencies, would be necessary to effectively move the child from the treatment program into a community setting.

Rehabilitation services currently include and will continue to include the following:

1. Residents through 20 years of age who have not completed high school are eligible for placement in the E.S.E.A. Title 1 education project for emotionally disturbed children. Individual instruction is devised for each child that is able to attend school.

2. The general education development test is provided for young people who, in the opinion of the school staff, have a potentiation for passing this test.

3. In special instances children spend some class time in vocational education projects, working on skills development. In one such project, consumer homemaking, emphasis is placed on activities of daily living and development of coping and other social skills.

4. An integral part of the program for young people is a regular program of structured physical education and recreation.

5. Music therapy is provided on an individual and small group basis for all youth.

6. Students that cannot tolerate the full school class schedule will have opportunities to participate in occupational therapy.

7. Social-recreational, cultural and field trip experience, are provided as special projects.

L. Phase 4 -- Release phase

1. The placement of a child is to be finely implemented,

2. Referrals to the community agencies will be completed. (Again, there is overlap between this phase and the previous ones),

3. We would ask that the child return to the treatment center periodically to share his experiences with the patients presently in active treatment here at the hospital.

M. Phase 5 -- Long-Term Followup of Patient with Agencies

WSSH will rely on the ability of the comprehensive community mental health centers to evaluate the patients in their placement, according to their maladaptive behaviors and pathologies that this treatment program attempted to alleviate. For evaluation purposes, we are suggesting that the followup evaluation be done for a minimum of two years time. This process should include, but not limited to:

1. After the release of the child, we hope to make it possible for the child to return to the program once a month for a six month period immediately following release. The purpose of this meeting will be

for the child to return to the hospital for one day, to share his or her experiences with the staff concerning the placement in the community and to help alleviate any difficulties that the child may be having.

2. Arrangements will be made for the child to visit every three months, or a total of two times in the second six month period, from the time of release, for the same reasons as cited in number one.

3. A questionnaire is to be developed, which will be devised to evaluate for four following areas:

 a. Level of adjustment to placement
 b. Ability of the child to cope in the placement environment
 c. Ability of the child to cope in the public school system
 d. The ability of the child to relate to peer authority and significant others in the child's environment

 Questionnaires will be sent in the first six month period of the second year from the time of release to:

 a. The placement, which will include either the family or group home or foster home or wherever the placement is,

 b. The child

 c. The agency involved, which would probably include community comprehensive mental health, but may also include social and rehabilitation services, vocational rehabilitation, as well as any other agency involved with the child.

 d. A questionnaire would be sent to the educational system, namely the public school that the child is attending.

 In the final six months, at the end of the two year evaluative process, a questionnaire would again be sent and we would ask that the child, once again, return to the hospital for a day's evaluation.

I. PATIENTS TWELVE YEARS AND YOUNGER
 A. Differential Diagnostic Instruments:
 1. Cognitive processes; WISC-R
 2. Learning disabilities: Illinois Test of Psycholinguistic Ability (ITPA)
 3. Affective functioning:
 a. Make a picture story test
 b. Children's Apperception Test (CAT)
 B. Clinical Evaluation and Play Therapy
 C. Psychological Impression

II. PATIENTS THIRTEEN YEARS AND OLDER
 A. Differential Diagnostic Instruments:
 1. Cognitive processes:
 a. WISC-R through age 16
 b. WAIS for ages 17 and older
 2. Psychomotor performance: Bender-Gestalt
 3. Affective functioning:
 a. Thematic Apperception Test (TAT)
 b. MMPI for adolescents 17 years and older
 B. Clinical Evaluation
 C. Psychological Impression

III. SOCIAL HISTORY INCLUDING:
 A. Isolation of one to four maladaptive behaviors
 B. Developmental background
 C. Projected length of stay
 D. Release planning with family -- community resources

IV. PSYCHIATRIC ASSESSMENT AND/OR DIAGNOSIS

V. TEAM ASSESSMENT AND/OR DIAGNOSIS

VI. COLLECTION OF BASELINE DATA -- DATE OF ADMISSION PLUS TWO WEEKS
 A. External
 1. Daily frequency of identified maladaptive behaviors
 2. Acquisition of (or development of) appropriate behavior rating schedule
 3. Weekly sociogram of relationship building and communication preferences
 B. Internal
 1. Intellectual Assessments
 2. Projective Assessments
 3. Learning Assessments
 4. Vineland Social Maturity Scale (to be completed by members of ward staff)

VII. INTERVENTION OF TREATMENT VARIABLES:
 A. Idiopathic Treatment Design
 1. Isolation of patient needs
 2. Treatment experiences to meet above needs

3. Participation in an academic program
 a. Individual instruction
 b. Standby Program

C. Individual Psychotherapy

D. Group Psychotherapy

VIII. INTERMEDIATE ASSESSMENT - Data will be gathered for each patient on a bi-monthly basis.

A. To be collected at two-week intervals following the completion of the collection of baseline data.
 1. Bi-monthly frequency of identified maladaptive behavior.
 2. Bi-monthly completion of the behavior rating schedule
 3. Weekly sociogram of ward interaction
 a. Emphasize most "popular" patients
 b. Emphasize most "withdrawn" patients

B. To be collected at the projected mid-point of the Program and again immediately before termination:

 1. Full Range Picture Vocabulary Test, a short but reliable instrument for the purpose of acquiring a Wechsler IQ Equivalent.
 2. Vineland Social Maturity Scale -- to be completed by ward personnel.

C. The MMPI will be readministered at the termination of the Program only, and readministered to patients 17 years of age and older only.

IX. FOLLOWUP - Contingent upon cooperation from the Regional Comprehensive Community Mental Health Centers and other agencies responsible for the care of children, particularly Social and Rehabilitative Services.

O. The Superintendent of the Institution will function as Director of the Project. During the first four months of its operation the Superintendent will devote approximately 50% of his effort toward its direction, and during the following four months will delegate increasing authority for its operation to the Assistant Director, Dr. Lars Slette, who by the end of the eighth month of operation will be responsible for 90% of its direction.

The staff will be organized as follows:

Director/Superintendent

Assistant Director

Community Related Services	Care and Custody Services	Developmental Services
1 Psych Social Worker III	1 Psychologist V	1 Psychologist III
1 Social Worker II	1 Psychiatric Nurse Super.	2 Teachers
	2 LPNs	2 Teaching Aides
	14 Psych. Aides, I, II	2 Recreational Ther.
	1 Ward Clerk	1 Behavior Mod.Ther.

P. Method and Procedure

(2) At the present time, the staff is organized horizontally according to specials such as medical services, nursing services, psychological services and social services. these specialties devote their efforts to three major programs: community-related, care and custody, and developmental. Vertically, the efforts of this staff are devoted to five groupings of patients, which are related to the mental health regions of their origin. Organizationally, this project staff will relate to others in the organization as:

Superintendent

Director

Region I	Region II	Region III	Region IV	Region V	Childrens Services
Care & Custody	Care & Custody	Care & Custody	Care & Custody	Care & Custody	Care & Custody
Development	Development	Development	Development	Development	Develop.
Comm.Rel'd.	Comm. Rel'd.	Comm.Rel'd.	Comm.Rel'd.	Comm.Rel'd.	Comm.Reld

Weekly staffings provide exchange of professional opinion and assistance.

(3) Plans for future development and expansion of the program include:

(a) Development of supportive programs within three nearby public schools.
(b) Placement of those children demonstrating capability to operate in public school environments into public schools on part-time and, subsequently, a full-time basis
(c) Development of supportive agencies within public schools in children's original communities (through regional mental health centers).
(d) Placement of children who have demonstrated capability of assimilation into schools with special support staffs and facilities into public schools within their original communities.

Funds for future years' operations would be shifted on a per capita basis of patients, reducting programs for care and custody and development (within the institution to community-related activities. Specifically, psychiatric aides would be reduced as the patient load was reduced; funds would be shifted to educational institutions (e.g., public schools) receiving previous patients. Funds would be devoted to increasing developmental activities (hiring teacher aides and behavior modification specialists, for example).

Q. Organizational Framework:

Return of patients who respond to developmental programs within this project to their original communities would be effected through liaison with the Regional Mental Health Centers. The Regional Centers would be responsible for making arrangements on the local level, assessing the needs of the communities and providing the necessary supportive services to assure successful adaptation of the children to community environments.

The organizational framework to effect this would include:

Director, Department of Institutions

Administrator, Division of Adaptive Services

Reg.I MHC Reg. II MHC Reg. III MHC Reg. IV MHC Reg. V MHC Warm Spgs Project

----------Communication, liaison, developmental program exchange----------

WARM SPRINGS STATE HOSPITAL

NURSING SERVICE DEPARTMENT

Job Description

of

PSYCHIATRIC AIDE II

SUMMARY

Under the direction of a Psychiatric Aide III, Licensed Practical Nurse and/or a Registered Nurse, assumes responsibility in providing comprehensive patient care in a specific area.

Responsibilities:

1. Report to assigned clinical area and receive report from "off-going" personnel.

2. Check all patients with "off going" personnel noting the condition of patient and unit accounting for all patients.

3. Assign Psychiatric Aides to duties consistent with their knowledge and abilities.

4. Provide guidance and supervision to Psychiatric Aides.

5. Orient new Psychiatric Aides to the physical environment and to their responsibilities and privileges, and including the introduction to personnel and patients.

6. Orient new patients to the physical environment, to ward policies and routines, and introduce them to personnel and patients.

7. Check patients assigned to your care.

8. Prepare assigned patients for meals, being sure to include the following:

 a. Assist in toileting or cleansing on incontinent patients.

 b. Assist in cleansing of face and hands.

 c. Assist with oral hygiene.

 d. Assist with grooming, assuring that the patient and his clothing are neat and clean.

9. Escort the patient to the dining room, assist with feeding as necessary, and observe eating habits and appetite.

10. Report and record appetite, special likes and dislikes, and eating habits.

11. Nursing Care:

 a. Give, or assist with, assigned baths.

 b. Provide, or assist the patient with, personal grooming (ora) hygiene, hair care, shaving, other special needs).

 c. Encourage appropriate dress, or provide this when necessary.

 d. Spend time with patients--listening, encouraging, understanding, and accepting their feelings and emotions.

 e. Observe, report and record facts concerning the patients physical and emotional state.

Responsibilities (Continued)

12. Help maintain a safe, attractive, and comfortable ward environment.

13. Assign and assist with housekeeping activities.

14. Order and care for supplies and equipment necessary in the efficient operation of the unit.

15. Encourage rest and activities consistent with the patient's physical training as necessary.

18. Share information with nursing care personnel and assist in the development of nursing care plans.

19. Assist the health team in the evaluation of patient's physical and emotional needs.

20. Assist the health team in planning and carrying out ward activities.

21. Share in the preparation of the patient and the chart for clinics and/or referrals.

22. Attend clinics, if assigned, and providing relief is available.

23. Escort patients to activities or other special areas, if assigned, and providing relief is available.

24. Meet unforeseen circumstances or emergency situations promptly and intelligently.

25. Assist in interpreting new policies and procedures to ward personnel.

26. Set a good example.

27. Help maintain a good relationship with other personnel.

28. Give report to "on-coming" personnel, providing for continuity of patient care, checking patients and unit.

29. Give report to "on-coming" personnel, providing for continuity of patient care, checking patients and unit.

30. Actively participate in continuing educational programs.

31. Perform other duties as required or assigned.

SPECIAL POSITION - ESCORT SERVICE

1. Report to Supervisor's Office.

2. Receive assignment, which may include:

 Escort patients, as assigned, to any appointment.

 OR

 Provide nursing care in assigned area.

 OR

 Accompany patients to canteen and other activities.

 OR

 Provide relief for meals.

 OR

 Escort patients to and from the food center and offer assistance as needed.

 OR

 Perform other duties as required or assigned.

3. Carry out the following responsibilities when escorting patients:

 a. Indicate in special book: time of departure, destination, time of return.

 b. Receive new assignment at time of return and so indicate in book.

 c. Check patient's grooming, assuring that he/she is appropriately attired, neat and clean.

 d. Report to nursing personnel that patient is leaving ward and his destination.

 e. Check patient's chart, assuring that it is complete, and report to nursing personnel of its removal from ward.

 f. Encourage patient's acceptable behavior and cooperation.

 g. During time with patient - listen, encourage, show understanding, and accept their feelings and emotions.

Special Position - Escort Service (Continued)

h. Report and record any unusual incidents occurring and/or any special instructions pertinent to referral.

i. Return patient and chart to assigned unit, reporting this return.

4. Set a good example by dressing appropriately.

Female Dress:

Hair must be neat and clean.

Attire must be dress of appropriate length, slacks with matching blouse, or pants suit. Jeans are now allowed.

Hose must be worn.

Male Dress:

Hair must be off collar, neat and clean.

Attire must be neat slacks and shirt. Jeans are now allowed.

5. Help maintain a good relationship with other personnel.

6. Actively participate in continuing educational programs.

QUALIFICATIONS

1. Must be eighteen years of age.

2. Must be intellectually capable of handling the responsibilities of this position, preferably: successful completion of high school or its equivalency.

3. Must be a member of the Independent Union.

4. Must have a minimum of one years psychiatric experience at Warm Springs State Hospital or six months of active hospital experience with six month experience at Warm Springs State Hospital.

5. Must have participated in:

 Eight continuing educational programs

 PLUS

 Ward management class

 OR

 Care of Geriatric Patient Class

 OR

 Care of the Chronic Psychotic Class

6. Must possess the ability and knowledge to carry out the responsibilities of this position.

7. Must be willing to continue in the participation of inservice education programs.

ADDRESS CORRESPONDENCE TO
WARM SPRINGS STATE HOSPITAL
H. C. XANTHOPOULOS, M.D.
SUPERINTENDENT

Warm Springs State Hospital

WARM SPRINGS, MONTANA 59756

WHEN WRITING
PLEASE GIVE NAME OF PATIENT

VISITING HOURS
9-11 A.M. 1-4 P.M. DAILY

February 8, 1979

Mr. George S. Parish, Chief
Granson Contracts Management Branch
Public Health Service - Room 11037
Federal Office Building
Denver, Colorado, 80294

Regarding: Title: Hospital Improvement Project (Children)
Grant Number 08-R-000007-05-0
Budget Period 7/1/1977 through 12/31/1978

Dear Mr. Parish:

This will acknowledge your letter to us of January 16, 1979, requesting the Terminal Progress Report as a part of the closeout procedure for the Hospital Improvement Grant respective to the Children's Unit at Warm Springs State Hospital. The following is a report concerning the establishment, development and experience of this unit since its beginning in June of 1976.

The Children's Unit at Warm Springs State Hospital was established in June of 1976. The funding base for this unit includes the following:

1) Hospital Improvement Grant funds - $100,000 per year for the fiscal years 1976, 1977, 1977-1978, with an extension of six months for the purpose of providing -
 a. further inservice training,
 b. outdoor play equipment.

2) Title I supplementary educational funds from the Department of Public Instruction, State of Montana.

3) A three-year grant from the Department of Public Instruction's Special Needs Division - first year, $50,000, second year, $37,000, third year, $25,000.

4) A $30,000 grant from the Department of Public Instruction - Special Vocational Needs Division for equipment and materials pursuant to #3, which was for the development of a pre-vocational, educational program involving both evaluation and experience as a prelude to vocational educational training.

5) A Title IV grant for $2,900 through the Department of Public Instruction for the provision of camping, skiing and hiking equipment as a part of a physical education program.

6) All other funding has been under the Warm Springs State Hospital budget. This has included monies for facility, maintenance and personnel salaries.

The five positions that had previously been funded by the HIP grant have subsequently been picked up by state funding. The Pre-Vocational Program grant through the Department of Public Instruction will expire July 1, 1979, as will the aforementioned

grants with the exception of Title I, supplementary educational funds. We have requested, through the hospital budget, that the state legislature fund the above-named programs for the next biennium.

The purpose of establishing the Children's Unit as well as the reason for requesting hospital improvement funds was to comply with the intent of the 1975 Montana Treatment And Commitment Act which required segregation of persons under the age of eighteen from the adult population, and to provide an intensive, corrective treatment experience on a multi-disciplinary basis in a highly structured environment for children who have not been able to benefit from less intense community and institutional programs that were presently available.

The reasons for requesting that a treatment unit for seriously mentally ill children be established at Warm Springs State Hospital are as follows:

1) Our statistics indicated that between seventy-five and one hundred persons under the age of eighteen were being admitted to Warm Springs State Hospital on a yearly basis. Many of these commitments were court orders for evaluation and/or treatment.

2) There is nothing in the present Montana Treatment And Commitment Act or the Montana Youth Act which excludes children from being admitted to Warm Springs State Hospital.

3) The children admitted to this program are diagnosed as seriously mentally ill and, in a very real sense have used up their options in community-based settings. This, in conjunction with the lack of bonafide community treatment programs for children has been the major historical reason for continued admissions to Warm Springs State Hospital.

The Children's Unit has developed into a specialty unit which works with children who are described and diagnosed as being seriously mentally and emotionally disturbed. Children are accepted up to the age of eighteen. The youngest child admitted to this facility was age eight. We do not have facilities for children younger than this age. Approximately one-third of the children admitted to Warm Springs State Hospital have been diagnosed as suffering with a psychotic or schizophrenic illness. Roughly, another one-third of the children have been admitted with many different symptoms which are extremely difficult to diagnose but most generally are of a depressive and somewhat delusional nature. Finally, we have admitted a group of children from other institutions both private and public whose primary symptomatology on admission has been their marked inability to adjust to their environments. In this group many serious depressions as well as other mental and emotional symptoms have been delineated.

At the present time this is the only unit for seriously mentally ill children in the State of Montana, although Yellowstone Boys' Ranch, a private non-profit corporation, in Billings, Montana, is presently in the process of constructing a unit for seriously mentally ill children. The development of the unit at Warm Springs State Hospital has allowed us to more closely delineate the characteristics and symptoms of seriously mentally ill children as well as gauging the scope of the problem throughout the state.

In conjunction with Social and Rehabilitative Services, the Department of Institutions, the Division of Aftercare, the Community Comprehensive Mental Health and the Department of Public Instruction as well as other agencies which deal with children, it is estimated that at any given time there are as many as one hundred and fifty or more persons under the age of eighteen who could be described as seriously, emotionally and mentally disturbed and in need of treatment services of the type provided by the unit at Warm Springs State Hospital. It is further estimated that approximately fifty to seventy-five children are presently being treated in out of state placements. This number has decreased in the past year and a half, since the advent of the Inter-Agency Committee on Children, one of whose functions is to screen applicants for possible out of state treatment.

As previously stated the past two-year experience on the Children's Unit has allowed us to cluster a number of characteristics and symptoms of seriously, emotionally and mentally disturbed children which are similar. Many of the symptoms and characteristics of these children are much the same as those of children who are mildly or moderately disturbed. The differences appear to be in the intensity of the symptomatology as well as the chronicity of the disorders. These symptoms include:

1) A long history of legal difficulties.

2) A long history of placements in foster homes, group homes and other institutions which have failed.

3) A long history of attempted intervention by a number of agencies which include SRS, Community Comprehensive Mental Health and private agencies which have not been successful.

4) A long history of physical and/or emotional abuse including sexual abuse.

5) A long history of repeated failure in school.

6) A marked inability to concentrate.

7) A marked inability to relax.

8) Extremely poor coordination, i.e., motor control.

9) A history of violent and/or withdrawing behavior in relation to dealing with peers. This appears to be particularly true in the context of school although it has also been reported and observed in relation to siblings and parents as well as other adult figures.

10) An inability to gauge social distance, i.e., "you're too close; you're too far away".

11) A marked propensity for the use of obscene language as a defense mechanism.

12) A shared history of transient and broken family situations.

13) An indurated and at times delusional belief system which appears to be a prime motivator for continued inappropriate behavior in interaction

which seems to have the following qualities:

a. "I am bad".
b. "Everything is my fault; nothing is my fault".
c. "If I do things right or perfectly then I can be loved, if I can't then I can do nothing right".
d. "Some day, some way, somehow we're going to go back to the beginning and then things will be all right".
e. "I can't change unless mom or dad change, and I have to try to change them because it's all my fault".
f. "If you care for me either you or I are going to get hurt".
g. "I am not only responsible for my feelings but I'm also responsible for your feelings (i.e. I must control your feelings)".
h. I must have the power to control everything; I have no power at all".

This unit does not purport to treat children who are mildly or moderately disturbed. In addition, however, to the traditional, psychiatric, diagnostic methods several other criteria for placement on this unit are employed. These include:

1) The length of time the child has been having difficulties.

2) The number of community based failures that can be documented (average for this unit is between five and eight).

3) The induration or intensity of the difficulties.

4) The lack of community-based facilities for the treatment of seriously, emotionally and mentally disturbed children. This unit receives referrals from literally every agency in the State of Montana as well as the courts; and, we also, in turn, utilize the services of the referring agencies for the development of release planning.

The Children's Unit has developed into a very highly structured program. It employs a Six-Level System; Level Six being the most highly supervised level and a closed setting. Levels Five through Four are closed levels with more freedoms offered. Levels Three through One are open ward levels. A child is not eligible for a home visit from the unit until he or she reaches Level Two. The behavior of each resident of the program is evaluated every week by their peers as well as by the professional staff; and, according to their behavior and progress they are subsequently awarded or dropped on a weekly basis. In addition to the employment of the Level System each patient admitted to the hospital undergoes the following:

1) Mental Status Evaluation.

2) Physical Examination which includes Electroencephalogram, Chest X-Rays, Skull X-Rays and routine Laboratory reports.

3) Development of Social History.

4) Psychological testing.

5) Recreational Therapies Evaluation.

6) Educational Therapies Evaluation.

7) Pre-Vocational Skills Evaluation which includes the gathering of baseline data with the use of biofeedback.

The average evaluative time for each child admitted to this unit is approximately sixty-four hours. In addition, these children are closely observed by the nursing staff. In total, each child receives just over thirty hours of scheduled therapeutic time per week in the program. This does not include the time spent in the Big Brothers and Sisters Program which has been worked out by a contractural arrangement with the Butte Big Brothers and Sisters, Inc., or other special groups and activities.

At the time of admission each child is assigned an individual therapist and is placed in a small group therapy section with some six to eight children. The small group meets minimally twice a week for one-hour periods. In addition, the children attend two large group sessions twice a week for one and one-half hour therapy sessions. The large group sessions include all of the children and the entire staff. Individual therapy is two to three times per week approximately one hour per session. A great deal of emphasis is placed on:

1) Responsibility for one's behavior.

2) The clarification of responsibilities and expectations of one's self as opposed to those of others.

3) Increased awareness of how one comes across and deals with his or her world.

4) Separation from those environments and situations which previously have caused difficulty.

Each child receives minimally five hours per week in school, recreation therapies and the pre-vocational program. These hours are basic to each child and do not include the ten to fifteen extra hours in specialized educational, pre-vocational and re-creational therapy programs. More recently we have hired a music therapist on a half-time basis for the purpose of providing both individual and group music therapies.

When the child reaches Levels Three, Two or One, consideration is given for those children ages fourteen and above for placement in the Pre-Release Unit here at Warm Springs State Hospital. Placement in the unit is utilized in the following ways:

1) As an adjunctive unit for helping the children to separate from the highly intensive therapeutic experience they have undergone.

2) For final placement in the community. This has been worked out in a four-phase program and has been implemented within the last two and one-half months. Children involved in the program, as stated above, on the Pre-Release Unit continue in their small group and individual therapy as well as continuing in school on the Children's Unit. In addition, they attend one large group session per week.

The team method is employed in the treatment of the children. It is felt that because of the intensity of the treatment program and because of the nature of the problems of the children that a highly cohesive team is necessary to provide the almost one-to-one care that each child needs. The children are involved in many special projects which includes off ground projects, one-to-one projects with nursing staff, camping and fishing trips, Big Brothers and Sisters Program, discharge groups, sexual identity groups, rape prevention groups as well as leisure time and skills groups. Monies granted through the extension of the HIP grant allowed us to employ the CEDS Training Program in Missoula, Montana, to train our nursing staff in handling many of the above-named groups. In addition, under the CEDS Training Program specialized training in adolescent sexuality and in Gestalt therapy was provided.

The staff of the Children's Unit at Warm Springs State Hospital presently consists of forty-two positions. There is a half time psychiatrist, a full time director, two full time psychiatric social workers, two full time psychologists, two full time recreation therapists, one half time music therapist, two full time teachers and one aide. Also, one full time pre-vocational counselor and two aides, three R.N.'s, five LPN's and one ward clerk. The rest of the staff is made up of psychiatric aides who provide twenty-four hour coverage on the unit. Professional persons have a duty night each week and there is coverage each evening and every weekend by a member of the professional staff. A professional person meets with the night shift staff each week to provide direction and continuity of treatment.

Given the present staff/patient ratio and the need to work in a very closely supervised, almost one-to-one situation with the children, the maximum number of patients that can ideally be treated on this unit is felt to be approximately twenty-five. Since May of 1978, this unit has had not less than thirty patients and we have had an increase in the number of admissions thus making it impossible for us to lower our census as previously expected at the time the unit was established.

From June of 1976, until September 15, 1978, we have had one hundred and twenty children admitted to this unit (as of January 1, 1979, we had had one hundred and forty admissions). Of the one hundred and twenty admissions as of September, 1978, seventy-five of these children were diagnosed as seriously mentally ill. This included the primary diagnoses of Schizophrenia, Manic Depressive Psychosis and severe neurotic disorders. Twenty-two of the children were diagnosed as moderately ill which included depressive disorders and behavioral difficulties with concurrent emotional and mental problems. Eleven of the children were diagnosed as behavior problems without mental illness and were referred with detailed recommendations to the proper authorities and/or agencies for disposition. Six of the children were diagnosed as suffering with acute psychotic disorders pursuant to drugs and alcohol; they were treated on this unit. It is felt that they could have been treated in a community setting were the facilities available. Six children admitted had the primary diagnosis of mental retardation and it was felt that placement at Warm Springs State Hospital was not appropriate for them and consequently recommendations and placement was provided through the proper authorities and/or courts.

The following is a listing of the primary referral source to the Children's Unit at the time of admission.

It is, however, important to note that most of the children admitted have been through numerous agencies so that in nearly every case there was some unanimity in the community between at least two or more agencies as to the need for the admission of the child to the Warm Springs State Hospital Children's Unit. As an example, many of the children referred by the juvenile authorities or the court have also been through Community Comprehensive Mental Health Centers and have been in group home or foster home placements or have been in Pine Hills, Mountain View, or the Yellowstone Boys' Ranch. The following then, should only be seen as a statement of the final referral source.

1) Pine Hills School for Boys - 7
2) Mountain View School for Girls - 1
3) Yellowstone Boys' Ranch - 1
4) Sun Valley Ranch - 1
5) Casey Family Foundation - 2
6) Group Homes or Attention Centers - 6
7) Social and Rehabilitative Services - 2
8) Self or Family Referral - 4
9) Community Comprehensive Mental Health Centers - 28
10) Private Practitioner and/or Private Hospital - 10
11) Boulder River School and Hospital - 1 (this child was transferred to Warm Springs State Hospital prior to the establishment of the Children's Program)
12) Indian Health Service - 2
13) Drug Treatment Programs - 2
14) Job Corp - 1
15) School authorities - 3
16) Juvenile authorities and/or courts (including Division Of Aftercare) - 50
TOTAL - One hundred and twenty as of September 15, 1978.

Forty-nine of the above-mentioned referrals were pursuant to the Montana Youth Act in the form of youth court orders for evaluation. Thirty of these were recommended following evaluation for treatment to this unit. The other admissions were pursuant to the Montana Commitment And Treatment Act of 1975, in the form of involuntary civil commitments and/or voluntary admissions.

As with the multiplicity noted in admission sources the same is true of the referrals for placement. Literally, all referrals for placement required three or more referrals to various agencies. With the exception of youth court orders for evaluation, all other discharges for placement were referred minimally to Community Comprehensive Mental Health Centers and the local Child Study team. Many others were referred to SRS, Division of Aftercare, Vocational Rehabilitation, etc. Of the total group only twenty children were able to return to their primary home with subsequent referrals for support services. Following is a listing of other placements and referrals. Please note that the total number does exceed the total number of patients because of multiple referrals.

1) Group homes - 15
2) Foster homes - 1
3) Return to court with recommendation for community placement - 18
4) Return to court with recommendation for placement in other institutions (Pine Hills School for Boys) - 11
5) Referrals to Community Comprehensive Mental Health Centers - 46
6) Referrals to Indian Health Services - 2
7) Referrals to Alcohol and Drug Treatment Rehabilitation Programs - 6

8) Referrals to Child Study teams in various school districts for:
 a. return to regular classroom - 2
 b. special education or resource room for emotionally disturbed - 13
 c. combination of resource room in conjunction with vocational-technical training - 20
9) Direct referral to Armed Services - 1
10) Direct referral for college placement - 2
11) Direct referral for job placement through Bureau of Vocational Rehabilitation and Employment Services - 7
12) Referral to Helena Industries through Bureau of Vocational Rehabilitation - 5
13) Referral through Bureau of Vocational Rehabilitation to Easter Seal Foundation - 1
14) Referral to Yellowstone Boys' Ranch - 4
15) Out of state placement to extended family members - 4
16) Refused all referrals and services - 3

Since the beginning of the program we have had eleven readmissions; six of those readmissions had been discharged, in the first instance, against medical advice from voluntary commitments and were returned to the hospital because of subsequent inability to function in a community setting. We have discharged five persons from our unit who have returned after their eighteenth birthday for treatment on one of the adult units of Warm Springs State Hospital due to a reoccurrence of their previous condition.

We have attempted, prior to the time of discharge, to set up a local interagency meeting which involves the agencies that will be involved with the child upon release. The meeting typically, is composed of representatives of those agencies, plus the social worker from Warm Springs State Hospital as well as the child. While at times this procedure has been difficult to inaugurate, we feel that it has been extremely helpful in providing immediate support and clarification to the child prior to the time of his or her actual placement.

In terms of a summary statement of the progress toward achievement of originally stated aims, we have the following remarks:

1) The aim of segregating children from adults at Warm Springs State Hospital has been achieved.

2) The goal to provide specific, evaluation and treatment services to children has been achieved.

3) The goal of coordination of services with other agencies at the time of admission as well as discharge has been partially achieved.

4) The goal in aiding in coordination of services for family members of children admitted to Warm Springs State Hospital has been partially achieved.

5) The goal of providing, through evaluation and interpretation, to courts and other referral sources has been partially achieved.

6) This unit has played an important part in conjunction with other agencies in delineating the extent of the problem of the seriously mentally ill child in Montana as well as aiding and delineating the social and psychological characteristics of this population.

7) Perhaps, most importantly, this unit has provided an impetus for an increased interest in community based programming for children with emotional and mental disturbances.

8) This unit has played a part in the proceedings of the governor's Interagency Committee for Children and the goals toward developing a delivery system of services is at least being discussed at this time on the state level.

9) This unit has had the unique experience of being able to act as advocate for seriously mentally ill children in relation to community agencies.

10) The goal of working conjointly with Community Comprehensive Mental Health Center as the "hub" agency has not been achieved; but, we continue to strive in that direction.

11) This unit has been able to develop a family therapy model whose major emphasis is on resolution of those conflicts that continue to cause difficulties rather than emphasizing the issue of returning the patient to his family. Well over seventy percent of the children on our unit are involved in family therapy.

12) In conjunction with the Pre-Release Unit at Warm Springs State Hospital, we have been successful in developing a four-phase program which attempts to systematically separate the child from the highly intensive treatment atmosphere on the Children's Unit and prepare him or her for subsequent release to a community setting.

13) We have not, as yet, been able to acquire the services of a full time child psychiatrist, but have been able to get half time services from a psychiatrist here at Warm Springs State Hospital.

In attempting to analyze the results, both positive and negative of the two-year experience with the aid of the HIP grant, we have the following remarks to make.

1) Since the reorganization of Warm Springs State Hospital's total delivery services, the Children's Unit is now, for the most part, completely autonomous which, you will note, was a problem we indicated at the end of the first year experience. Moreover, it is felt that this unit has served as a model to the entire hospital for its reorganization in terms of allocation of staff, treatment modalities and structure.

2) On the positive side, there are presently two proposals for Intermediate Care units pending in the state legislature; one for Great Falls and one for Missoula, Montana. There is a crying need, as studies have indicated, for the development of several Intermediate Care units which should be strategically located throughout the state.

3) This unit has gained considerable support for the maintenance of the program and for the continuation of the treatment of seriously mentally ill children either here at Warm Springs State Hospital or in another community.

There is legislation pending in the legislature at this time concerning the maintenance of this unit and the possible expansion of it.

4) While we were only able to place four students in local school systems during their hospitalization, there has been a resulting recognition of the educational needs of seriously, emotionally and mentally ill children. For the first time, the Department of Institutions and the Department of Public Instruction in Montana, are working on providing these services conjointly. In addition, there is legislation pending which will require that these services be delivered.

5) Within a year of the establishment of this unit the governor's Interagency Committee on Children was established. This committee includes representatives from the Office of Budget and Planning, SRS, the Department of Institutions, the Department of Public Instruction and other agencies which deal with children. One of the sub-committees of the Interagency Committee is the screening committee of which Warm Springs State Hospital staff members are a part. This has resulted in a reduction of out of state placements of children and the total committee's work has resulted in a number of recommendations pursuant to a continuum of treatment services for children.

6) There has been an acknowledgement of the problems of seriously, emotionally and mentally disturbed children by the governor's advisory council on mental health with subsequent recommendations for:
 a. support of the Children's Unit at Warm Springs State Hospital;
 b. an active support for additional educational services, within the program at Warm Springs State Hospital and upon release.

7) This unit has served as a host agency and a treatment model for many agencies including Community Comprehensive Mental Health which deals with children. It is conservatively estimated that one hundred professional persons from other agencies have visited and participated in the work of this unit. It is further estimated that two hundred other, interested persons have visited this unit in the last year.

We continue to have problems in the ongoing development and administration of this unit. Some of them are as follows:

1) There is still considerable resistance to the establishment of this unit at Warm Springs State Hospital. This can be seen as a positive and a negative; positive in the sense that it has stirred up considerable interest in children's services; negative in the sense that it is, at times, rather demoralizing to staff.

2) Staffing patterns have been reduced as is true of the total Warm Springs State Hospital complex and other health care facilities in Montana, as well as throughout the nation.

3) Population of this unit has not been below thirty since April of 1978. Given the severity of difficulties presented by seriously, emotionally and mentally ill children the original projection of the staff being able to handle over thirty children has been demonstrated to be clearly wrong. It is our present belief that the present staff can deal most effectively with a maximum case load of twenty-five.

4) This unit still does not have control over its admission policies and must accept any legal commitment. While agencies are far more cooperative now than they were when the unit was first established, this still does pose a difficulty if an inappropriate admission occurs to the unit.

5) Our experience and information indicates the children released from this unit should be seen regularly by a mental health professional for a minimum of six months to one year following release. These children do not, for the most part, tend to seek out help nor do they willingly talk to others unless strongly encouraged to do so by staff. We have not been particularly successful in making this point to Community Comprehensive Mental Health Centers and mental health professionals in general.

6) While there is continued resistance to the treatment unit at Warm Springs State Hospital, there remains a tremendous lack of adequate facilities for children on the community level.

7) There is a very great need for more definitive evaluation, group home placements and particularly, Intermediate Care facilities on the community level as a means to:
 a. provide treatment to children in the community and,
 b. to exclude inappropriate commitments to this unit.

8) Although there is legislation pending concerning the reintegration of children who are seriously, emotionally and mentally disturbed into the mainstream of education on the community level, it is still extremely difficult and poses many problems. It is hoped, that at the very least, this situation will be better clarified at the end of the legislative session. There are presently several proposals being discussed which include:
 a. the Department of Public Instruction providing the teachers and equipment required at Warm Springs State Hospital as well as transitional services;
 b. the Department of Institutions providing the teachers and materials;
 c. the Department of Public Instruction providing services via contract through the Department of Institutions;
 d. actually making the Children's Unit at Warm Springs State Hospital a school district.

I hope that this report will answer any questions that you might have concerning the two and one-half year experience of the Children's Unit pursuant to the HIP grant. We feel that the unit has demonstrated the need as well as the feasibility for the provision of services to seriously, emotionally and mentally ill children. It has been my pleasure to be the director of the Children's Unit from the early stages of its development to the present time. The experience has been profoundly rewarding.

I would like to take this opportunity to thank you and your staff for your cooperation through this entire experience. I would particularly like to thank Naomi Kennedy for her guidance, her suggestions and her support.

Sincerely,

John R. Rosenleaf, ACSW
Director
Children's Unit
Warm Springs State Hospital

James E. Hamill, M.D.
Superintendent
Warm Springs State Hospital

JRR/lc
2/8/79

[redacted]
DRESS CORRESPONDENCE TO
RM SPRINGS STATE HOSPITAL

C. Xanthopoulos, M.D
rintendent

Warm Springs State Hospital

WARM SPRINGS, MONTANA 59756

WHEN WRITING
PLEASE GIVE NAME OF PATIENT

VISITING HOURS
9-11 A.M. 1-4 P.M. DAILY

April 13, 1976

Stanley Mahoney, Ph.D.
Associate Regional Health Director for Mental Health
Region 8, NIMH
Federal Building, 19th and Stout Streets
Denver, Colorado 8202

Re: CHILDRENS PROGRAM
WARM SPRINGS STATE HOSPITAL

Dear Dr. Mahoney:

This letter is being written in answer to your request for clarification and expansion of the previously submitted aaplication for a HIP Grant, titled "Childrens Program - Warm Springs State Hospital". We will try to answer these questions in order.

Question number 1 -- Needs more support letters in addition to Health Centers, i.e., Public School Systems affected, Deer Lodge, Anaconda, and Butte? Our Childrens Committee has met twice in the past year with Mr. Larry Holmquist of the Montana State Department of Public Education for the purpose of working out an agreement with the Deer Lodge, Butte, and Anaconda School Systems which would allow us to place children from Phase Three in the Public Schools while remaining in the Treatment Program at Warm Springs State Hospital. The social worker and teachers at Warm Springs will be expected to work in close liaison with the school authorities and teachers in those communities' schools. We are presently in the process of meeting with the Butte, Deer Lodge and Anaconda school authorities to work out a possible contract with them. Copies of the plan have been sent to the superintendents of the schools involved and they have been contacted by phone for appointments with us within the next two weeks. Warm Springs State Hospital will take the responsibility for transporting the children to and from school.

Question number 2 -- Assessment date data from the Department of Community Affairs about Children (Disturbed children specifically)? We have been in contact by phone with the Montana State Department of Community Affairs and have asked them for any pertinent demographic data specific to "disturbed children". We will forward the information to you upon our receipt of it. We have made an appointment for Tuesday, April 20th, with Mr. Jim Parker of that department for the purpose of gathering the information.

Question number 3 -- More Emphasis on role of family in treatment of child? As you know, our proposal states that many of the children who are committed to Warm Springs State Hospital come from backgrounds where the family is completely fragmented and is of little or no help to the child. In addition some of the children's families have been very destructive in relation to the child, or the child has been very destructive in relationship to the family. In these cases the issue in treatment as well as placement, will be to separate the children from that environment and place the child in a more suitable one.

Those children whose families are intact and remain interested in the child can be worked with in several ways. 1) If the family lives in fairly close proximity to the Hospital, our staff would expect to treat the family as well as the patient, during the patient's hospitalization. 2) In those cases where the family is too far from the Hospital to exercise the above option, our staff will make arrangements for the family to be treated by the local Community Comprehensive Mental Health Center in the area closest to the family. We would expect to develop a conjoint treatment plan and intend to attach a social worker to effect and expedite those treatment plans. 3) While Community Comprehensive Mental Health Centers and satellites are our main liaison in the community for the treatment of the families of children committed to Warm Springs, we will also undoubtedly be working very closely with other social services, social service and treatment agencies who deal with the families of children committed. These agencies include but are not necessarily limited to, Social and Rehabilitation Services, Vocational Rehabilitation Services, the Montana Division of Aftercare, Probation and Parole authorities, and the District Courts. It is our staff's intention to assign a social worker on a full time basis to handle these community relations.

Question number 4 -- The exact nature of the liaison between Hospital and referral agency (on discharge) i.e., admission, discharge and placement planning? We are enclosing with this letter a copy of Senate Bill 377, which became effective July 1, 1975. Senate Bill 377 is the new commitment and treatment law, which covers the procedures for commitment, evaluation, treatment and follow up, and which are presently required in Montana. Please note that patients are not to be admitted to Warm Springs State Hospital until they have been evaluated by Community Comprehensive Mental Health Centers. Further, there is provision for a Youth Court Order for Evaluation up to 30 days. The law also mandates the Community Comprehensive Mental Health Centers will accept Warm Springs State Hospital patients for follow up and that Warm Springs State Hospital and Community Comprehensive Mental Health Centers have the responsibility for the development for ongoing and conjoint treatment and follow up planning. Finally, Senate Bill 377 mandates Montana State Social and Rehabilitation Services to provide for the financial placement and treatment needs of children. In the past we have worked very closely with SRS in relation to those children who are under their jurisdiction. We intend to expand this liaison greatly, as the commitment law requires. In addition, we do have a policy for working with children with or in conjuction with the Montana State Division of Aftercare services, which specifically relates to children who are hospitalized from the Girls Vocational School in Helena and from the Pine Hills School for Boys in Miles City. Finally, the Bureau of Vocational Rehabilitation presently has a representative located at Warm Springs State Hospital whose services for both children and adults have been utilized. We plan to continue and expand our use of the services of Vocational Rehabilitation.

Question number 5 -- Is commitment essential and what is involved in Senate Bill 377? Admission to Warm Springs State Hospital is by legal commitment only. Senate Bill 377, which is enclosed with this letter, explains the various commitments and procedures for admission and treatment to Warm Springs State Hospital. We expect to admit children on one of the four legal bases possible 1) Voluntary commitment. 2) Involuntary commitment three month commitment. 3) Thirty day court order for evaluation. 4) Court order for treatment pursuant to the Montana Criminal Code, 1947, revised.

Question number 6 -- Explain why kids come back (rationale) for evaluation -- who pays for transportation? The rationale for children to return to the Hospital for one day evaluation is seen as a part of the follow up and evaluating process. Our staff feels a) That the the process will aid the child with problems he may be having with his or her placement. b) This will allow our staff to remain in closer contact with the child and families and community agencies involved., c) We also feel that the children who are in the treatment program can benefit from interacting with children who have been through the program and are successfully placed. In the case of SRS, we would expect the transportation cost would be at least partially funded by them and by other referring agencies. In the case of children returning to their families, we would expect that they would take the responsibility of payment for transportation if they are able to do so. We have been informed by Dr. Xanthopoulos, the Superintendent of Warm Springs State Hospital, that in those cases where no other funding is available for transportation, Warm Springs State Hospital will assume that responsibility.

Question number 7 -- How does the youth progress through the 5 phases proposed? Please note in the submitted proposal that phase 1 is concerned with two aspects. 1) Community involvement in the admission procedure, i.e., prior to the patient's actual admission to the hospital, and 2) The actual admission of the patient, which includes physical examination, lab and x-ray studies, initial interview with a tentative diagnostic impression, and placement of the child in the closed ward of the children's unit. The patient will be considered from that point on as being in phase 2.

We anticipate that phase 2, which is basically the evaluating phase, will last no longer than thirty days. At the end of that time the staff will be prepared to fully evaluate the results of the psychiatric examination, the results of the psychological testing, the results of the rehabilitation therapies examinations, which includes education status, the results of the nursing staff observations and the social history, leading to the formulation of a definite diagnosis and very specific treatment recommendations. At that time the staff will be prepared to 1) Recommend the release of the child with specific recommendations to the referring agency and/or family. 2) Place the child in phase 3 of the program, which is the treatment phase.

Movement from phase 3 to phase 4, where it should be noted there is a considerable overlap, must be dependent upon the response of the child to his or her total treatment program. Although we anticipate that the majority of children treated will be ready for placement in the community within a period of six months, we feel that a small but significant number of children will need continued treatment at Warm Springs State Hospital in excess of six months.

Phase 5 will commence at the time of the actual placement of the child in the community and the transfer of direct treatment responsibility from the Warm Springs State Hospital staff to the community agencies involved. Warm Springs State Hospital expects to function in an evaluative and consultive capacity in phase 5.

Question number 8 -- What is a typical days activity of child in this program? Children in phase 1 and phase 2 of the program, which deals with admission and evaluation, will be located on the closed ward of the Children's

Unit. Their time will be taken up in the evaluative process. School and activities will be brought to the ward. Children will leave the ward for activities on a closely supervised basis. Placement in school will be contingent upon completion of phase 2.

The typical day of the child in phase 3 , i.e., the treatment phase, will include but is not limited to, 1) school, 2) individual therapy, 3) group therapy, 4) activities and recreation therapy, 5) occupational therapy. In the last stage of phase 3 the child will begin to spend more and more time away from the Hospital to attend school and to be involved in more responsible and community oriented projects as a prelude to the final placement.

Question number 9 -- How will the adult population and child population at the Hospitl interact if at all? Children in phases 1 and 2 and the beginning stage of phase 3 will be carefully supervised in their contacts with the adult patient population at Warm Springs State Hospital. Older children in the last stage of phase 3 will be permitted to mingle, under supervision, with the adult population, in recreational activities such as dances, movies, basketball games, etc.

Question number 10 -- How will drug and alcohol children be handled -- Galen? The Drug Abuse Treatment Program at Galen State Hospital is very reluctant to accept patients under the age of 16, as is the Alcoholic Treatment and Rehabilitation Center in Galen. Consequently, it may be necessary for the Warm Springs Children's Treatment Unit to accomodate those children. However, those patients 16 or over with a primary diagnosis of alcohol or drug abuse will be referred to the above mentioned programs. Patients with a secondary diagnosis of drug and/or alcohol abuse, but a primary diagnosis of serious mental illness will be treated by the staff of the children's program at Warm Springs State Hospital. The social worker on the children's unit will be expected to work with the drug and alcohol programs in Galen on specific cases and problems.

I hope that this letter will answer any questions you might have, if not please feel free to contact us again.

Sincerely,

Harry C. Xanthopoulos, M.D.
Superintendent

JRR/HB cc to: Dr. Mattson
Dr. Larry Carlson
Mr. Moore
Dr. Casey
Lou Wurl
Mr. Rosenleaf
Phil Powers
Mike Owens
Dr. Alexander
Mrs. Flink
Dr. Slette

ATTACHMENT III

MONTANA CODE ANNOTATED
Title 53
Pertinent Sections
Admission to Warm Springs State Hospital

53-21-111. VOLUNTARY ADMISSION. (1) Nothing in this part may be construed in any way as limiting the right of any person to make voluntary application for admission at any time to any mental health facility or professional person. An application for admission to a mental health facility shall be in writing on a form prescribed by the facility and approved by the department. It is not valid unless it is approved by a professional person and a copy is given to the person voluntarily admitting himself. A statement of the rights of the person voluntarily applying for admission, as set out in this part, including the right to release, shall be furnished to the patient within 12 hours.

(2) Any applicant who wishes to voluntarily apply for admission to the state hospital shall first obtain certification from a professional person that the applicant is suffering from a mental disorder and that the facilities available to the mental health region in which the applicant resides are unable to provide adequate evaluation and treatment, except such certification is not necessary if the applicant obtains certification from the regional mental health director of his mental health region that the applicant is financially unable to receive evaluation and treatment from the facilities available to the mental health region.

(3) An application for voluntary admission shall give the facility the right to detain the applicant for no more than 5 days, excluding weekends and holidays, past his written request for release. A mental health facility may adopt rules providing for detention of the applicant for less than 5 days. The facility must notify all applicants of such rules and post such rules as provided in 53-21-168.

(4) Any person voluntarily entering or remaining in any mental health facility shall enjoy all the rights secured to a person involuntarily committed to the facility.

History: En. 38-1303 by Sec. 3, Ch. 466, L. 1975; amd. Sec. 3, Ch. 546, L. 1977; R.C.M. 1947, 38-1303(1) thru (3),(6); amd.Sec.3,Ch.547, L. 1979.

53-21-112. Voluntary admission of minors. (1) Notwithstanding any other provision of law, a minor who is 16 years of age or older may consent to receive mental health services to be rendered by a facility or a person licensed to practice medicine or psychology in this state.

(2) Except as provided by this section, the provisions of 53-21-111 apply to the voluntary admission of a minor to a mental health facility or the state hospital.

(3) Except as provided by this subsection, voluntary admission of a minor to a mental health facility for an inpatient course of treatment shall be for the same period of time as that for an adult. A minor voluntarily admitted shall have the right to be released within 5 days of his request as provided in 53-21-111(3). The minor himself may make such request. Unless there has been a periodic review and a voluntary readmission consented to by the minor patient and his counsel, voluntary admission terminates at the expiration of 1 year. Counsel shall be appointed for the minor at the minor's request or at any time he is faced with potential legal proceedings.

(4) If, in any application for voluntary admission for any period of time to a

a mental health facility, a minor fails to join in the consent of his parents or guardian to the voluntary admission, then the application for admission shall be treated as a petition for involuntary commitment. Notice of the substance of this subsection and of the right to counsel shall be set forth in conspicuous type in a conspicuous location on any form or application used for the voluntary admission of a minor to a mental health facility. The notice shall be explained to the minor.

History: En. 38-1303 by Sec.3, Ch.466, L.1975; amd. Sec.3, Ch.546, L.1977; R.C.M. 1947, 38-1303(7) thru (9); amd. Sec.14, Ch.38, L.1979; amd. Sec.4,Ch.547, L.1979.

53-21-121. Petition for commitment - content of - notice of. (1) The county attorney, upon the written request of any person, may file a petition with the court alleging that there is a person within the county who is seriously mentally ill and requesting that the person be committed to a mental health facility for a period of no more than 3 months.

(2) The petition shall contain:

(a) the name and address of the person requesting the petition and his interest in the case;

(b) the name of the respondent and, if known, the address, age, sex, marital status, and occupation of the respondent;

(c) the purported facts supporting the allegation of mental illness;

(d) the name and address of every person known or believed to be legally responsible for the care, support, and maintenance of the person for whom evaluation is sought;

(e) the name and address of the person's next of kin to the extent known to the county attorney and the person requesting the petition;

(f) the name and address of any person whom the county attorney believes might be willing and able to be appointed as friend of respondent;

(g) the name, address, and telephone number of the attorney, if any, who has most recently represented the person for whom evaluation is sought; if there is no attorney, there shall be a statement as to whether to the best knowledge of the person requesting the petition the person for whom evaluation is sought is indigent and therefore unable to afford the services of an attorney; and

(h) aa statement of the rights of the respondent which shall be in conspicuous print and identified by a suitable heading.

(3) Notice of the petition shall be hand-delivered to the respondent and to his counsel on or before the initial appearance of the respondent before the judge or justice of the peace. Notice of the petition and the order setting the data and time of the hearing and the names of the respondent's counsel, professional person, and friend of respondent shall be hand-delivered or mailed to the person or persons legally responsible for care, support, and maintenance of the respondent, the next of kin identified in the petition, and any other person identified by the county attorney as a possible friend of respondent other than the one named as the friend of respondent. The notice may provide, other than as to the respondent and his counsel, that no further notice will be given unless written request is filed with the clerk of court.

History: En. 38-1305 by Sec.5, Ch.466, L.1975; amd. Sec.5, Ch.546, L.1977; R.C.M. 1947, 38-1305(part); amd. Sec.14, Ch.547, L.1979.

53-21.129. Emergency situation - petition - detention. (1) When an emergency situation exists, a peace officer may take any person who appears to be seriously mentally ill and as a result of serious mental illness to be a danger to others or to himself into custody only for sufficient time to contact a professional person for emergency evaluation. If possible, a professional person should be called prior to taking the person into custody.

(2) If the professional person agrees that the person detained appears to be seriously mentally ill and that an emergency situation exists, then the person may be detained and treated until the next regular business day. At that time, the professional person shall release the detained person or file his findings with the county attorney who, if he determines probably cause to exist, shall file the petition provided for in 53-21-121 through 53-21-126 in the county of the respondent's residence. In either case, the professional person shall file a report with the court explaining his actions.

(3) The county attorney of any county may make arrangements with any federal, state, regional, or private mental facility or with a mental health facility in any county for the detention of persons held pursuant to this section.

History: En. 38-1307 by Sec. 7, Ch.466, L.1975; amd. Sec. 7, Ch.546, L.1977; R.C.M. 1947, 38-1307.

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

O.P.P. No: 13 - 09/0050. 051079

Subject: Adolescent Care -- Children's Treatment Unit -- Commitment Legislation -- Types of Commitment for Youth

Service Units Affected: Children's Treatment Unit
Treatment Units
Clinical Services and Disciplines

Cross-Reference: General Admission Policy for WSSH

Purpose: Legal admission to Warm Springs State Hospital may be obtained in a variety of ways according to the provisions of the applicable laws enacted by the Montana State Legislature. While the processes of legal admission are described in the General Admission Policy for Warm Springs State Hospital, the purpose of this synopsis of the types of commitment is to focus commitment legislation in terms of its essential meaning, purpose, and applicability to children and adolescents.

Policy:

1. Voluntary Commitment: The intent of the Voluntary Commitment legislation for minors is to permit the voluntary commitment of youth by legal counsel. A minor who is sixteen years of age or older may voluntarily apply for admission to Warm Springs State Hospital. The minor has the right to be released within five (5) days of his written request for release, and the minor himself may make this request. Unless there has been a periodic review and a voluntary readmission consented to by the minor patient and his counsel, voluntary commitment of a minor terminates at the expiration of one year. If a minor fails to join in the consent of his parents or guardian to the voluntary admission, then the admission is treated as an involuntary commitment. (Title 38, Chapter 13, Section 1303 (7-9), R.C.M. 1947.)

2. Involuntary Commitment: The Involuntary Commitment is a court-adjudicated commitment for a period of time not to exceed three (3) months (90 days). Extensions of the Involuntary Commitment may be ordered by the court of jurisdiction based on WSSH staff evaluation and subsequent petition to the court for further disposition. (Title 35, Chapter 13, Section 1305, R.C.M. 1947.)

3. Youth Court Orders

 a. Evaluation - Under the provisions of the Montana Youth Court Act, the court may order a delinquent youth, or youth in need of supervision, to Warm Springs State Hospital for evaluation, for a period of time not to exceed forty-five (45) days. (Title 10, Chapter 12, Section 1222 (2) (a), R.C.M. 1947).

b. Treatment - Under the provisions of the Montana Youth Court Act, the court may order a delinquent youth, or youth in need of supervision, to be transferred to the legal custody of the Montana State Department of Institutions with authorizations for "such further care and treatment or evaluation that the court deems beneficial to the youth." (Title 10, Chapter 12, Section 1222 (1) (d - e), R.C.M. 1947).

4. Court Order Under Title 95, R.C.M. 1947

The Court Order commitment pursuant to the Montana Criminal Codes pertains to youths sixteen years of age or older who have been adjudicated pursuant to criminal charges and committed to Warm springs State Hospital either for evaluation or treatment.

Date of Origin	Effective Date	Revision Date	Approval Signatures	
			Superintendent	Date:
6-16-76	5-79	4-79	James Hamill, M.D.	10 May 1979
			Patient Care Adv. Committee	Date:
		1-82	Chairman (If required)	
			Service Unit Director	Date:

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

O.P.P. No: 13 - 09/0050. 051079

Subject: Adolescent Care -- Children's Treatment Unit -- Commitment Legislation -- Types of Commitment for Youth

Service Units Affected: Children's Treatment Unit
Treatment Units
Clinical Services and Disciplines

Cross-Reference: General Admission Policy for WSSH

Purpose: To insure that admission of children and adolescents to Warm Springs State Hospital conforms to the applicable requirements of Montana Commitment Legislation:

Title 10, Chapter 12, Section 1222(1)(d-3) - Youth Court Order for Treatment
Title 10, Chapter 12, Section 1222(2)(a) - Youth Court Order for Evaluation
Title 38, Chapter 13, Section 1303(7)(8)(9) - Voluntary Admission of Minor
Title 38, Chapter 13, Petition Alleging Person as Seriously Mentally Ill
Title 80, Chapter 21, Section 2106 - Transfer of Child to Mental Institution
Title 80, Chapter 22, Section 2209 - Transfer of Child to Any Other Facility or Institution

Policy: The Children's Treatment Unit of Warm Springs State Hospital will accept youth under the age of eighteen (18) years. At the present time, however, Warm Springs State Hospital lacks the facilities and staff to treat children of a very young age (age 10 or below). Since the legal age of maturity in Montana is eighteen years of age, the Children's Treatment Unit will not accept for admission persons who are age eighteen (18) or older. Patients who reach the age of legal maturity while still assigned to the Children's Treatment Unit will be discharged or transferred to a Warm Springs State Hospital Adult Treatment Unit.

The Warm Springs State Hospital Children's Treatment Unit exists for the purpose of individualized evaluation, care, and intensive psychiatric treatment of children and adolescents who are, or who may be seriously mentally ill or severely emotionally disturbed. Therefore, the probable existence or actual determination of serious mental illness or severe emotional disturbance will be the most important criteria utilized for deciding whether or not a child or adolescent patient is to be admitted to the Children's Treatment Unit.

Procedure:

1. The child being considered for admission to the WSSH Children's Treatment Unit must first undergo preadmission screening by the staff o f a Montana Community Mental Health Center, an independent diagnostic

center, other institution, or Professional Person. The preadmission screening should result in production of the following report documents which should be made available to the WSSH Children's Treatment Unit at the time of admission:

a. Psychiatric and/or Psychological Report
b. List of troublesome behaviors.
c. Developmental Social History.
d. Record of Juvenile Problems.
e. Evaluation of Adjustment in Relation to school setting, family, and peers.

In addition, the Children's Treatment Unit would need to know who has custody of the child at the time of admission so that the Children's Treatment Unit staff can contact the responsible person(s) for information and treatment consents.

2. The proposed child-patient's family, agency representative, responsible person, legal guardian, and/or conservator should plan to accompany the proposed child patient to Warm Springs State Hospital at the time of admission in order to provide the Children's Treatment Unit staff the opportunity to obtain additional needed information and understanding based on interview of those persons most knowledgeable in relation to the patient's adjustment prior to admission and to answer any questions of immediate concern to the patient's family, agency representative, responsible person, legal guardian, and/or conservator.

3. Admitting hours for the Children's Treatment Unit are 9:00 a.m. to 4:00 p.m., Monday through Friday. Admission during the normal Monday through Friday work week and within the indicated time span is very strongly recommended in order to assure maximum availability of Children's Treatment Unit professional staff services, to provide opportunities for the Children's Unit staff to develop a close working relationship with the patient's family, agency representative, or other persons interested in the child's welfare, and to expedite implementation of an appropriate treatment plan for the child.

4. Several complete changes of clothing should be brought with the proposed child patient at the time of admission. Warm Springs State Hospital will furnish clothing if no other resources are available. A minimum amount of spending money should be available to the child during the period of hospitalization. The Children's Treatment Unit staff intend to work very closely with family, conservator, and/or representatives of the child to insure that the child-patient's personal needs are met.

Date of Origin	Effective Date	Revision Date	Approval Signatures	
			Superintendent	Date:
6-16-76	5-79	4-79	James Hamill, M.D.	10 May 1979
			Patient Care Adv. Committee	Date:
		1-82	Chairman (If required)	
			Service Unit Director	Date:

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

O.P.P. No: 13 - 09/0050. 051079

Subject: Adolescent Care -- Children's Treatment Unit -- Commitment Legislation -- Types of Commitment for Youth

Service Units Affected: Children's Treatment Unit
Treatment Units
Clinical Services and Disciplines

Purpose: To provide guidelines for decision making within the WSSH Children's Treatment Unit by defining the intent, purpose, and scope of services offered by the Children's Treatment Unit.

Policy:

The intent of the WSSH Children's Treatment Unit is to provide intensive treatment since the children accepted for evaluation and treatment are predominately considered to be seriously mentally ill persons who require the use of many treatment modalities, including, but not necessarily limited to, Behavior Modification, Individual Psychotherapy, Group Psychotherapy, School Programs, and Rehabilitation Therapies. Essentially, an eclectic treatment approach is utilized since the Montana Commitment laws require individualized treatment programming. Thus, the WSSH Children's Treatment Unit endeavors to implement treatment modalities and programs which are tailored to meet the individual needs of the specific child.

Date of Origin	Effective Date	Revision Date	Approval Signatures	
			Superintendent	Date:
6-16-76	5-79	4-79	James Hamill, M.D.	10 May 1979
			Patient Care Adv. Committee Chairman (If required)	Date:
		1-82		
			Service Unit Director	Date:

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

O.P.P. No: 13 - 09/0050. 051079

Subject: Adolescent Care -- Children's Treatment Unit -- Commitment Legislation -- Types of Commitment for Youth

Service Units Affected: Children's Treatment Unit
Treatment Units
Clinical Services and Disciplines

Purposes:
1. To provide guidelines for decision-making.
2. To communicate useful knowledge of Children's Treatment Unit Evaluation and Treatment Functions.
3. To promote understanding and appropriate utilization of Children's Treatment Unit Services.

Policy: EVALUATION AND TREATMENT

Part of the function of the Children's TReatment Unit is to provide for evaluation of youths who have come into conflict with the law and who are considered to be seriously mentally ill. Whenever possible, the Children's Treatment Unit encourages completion of the evaluation processes by community-based agencies. However, the court may desire further psychiatric examination to determine whether or not the child should be placed in a community-based facility or be committed to Warm Springs State Hospital for treatment. Upon completion of evaluation processes, the Children's Unit Staff will offer specific recommendations to the court or to other referring agencies. By following this procedure, the Children's Treatment Unit hopes to be able to avoid inappropriate commitments to the Children's Treatment Unit and to prevent the misuse of court and/or staff time.

Upon being admitted to the Children's Treatment Unit, for evaluation and/or treatment, the individual patient will undergo a complete evaluation by the Treatment Team. This evaluation will include a physical examination on admission, laboratory workup, chest x-ray, and any other x-rays that would be required at the time of admission.

The children will initially be assigned to the Children's Treatment Unit closed receiving ward where a complete diagnostic evaluation will be done. This evaluation will include a psychiatric evaluation, psychological testing when indicated, the obtaining of a social history, and behavioral monitoring. Chemotherapy may be utilized. All evaluation results will be reviewed on a weekly basis to determine what the individual patient's particular problems are and how the patient's needs may be met best by the Children's Treatment Unit staff. Subsequently, an individualized treatment plan will be implemented.

While in residence at the Children's Treatment Unit, children will be involved in a school program whenever possible so that they may continue their education at their grade level. In addition to the school program, recreational therapies, music therapy, and vocational training are available and will be involved in individual and group psychotherapy. The Children's Unit treatment approach is eclectic with the treatment modalities best suited to the individual child's needs being utilized. While the children are involved in treatment, their progress will be periodically reviewed to determine what changes (if any) should be made in the individualized treatment plan.

Policy: (continued)

While the patient remains in the Children's Treatment Program, he or she will be subject to the rules and regulations of Warm Springs State Hospital as well as to those rules and regulations which are specific to the Children's Treatment Unit. The Children's Treatment Unit staff reserve the right to limit phone calls and visitation to children as necessary to accomplish therapeutic goals and objectives. Children are accorded as much privacy and dignity as can be allowed.

Date of Origin	Effective Date	Revision Date
6-16-76	5-79	4-79
		1-82

Approval Signatures	
Superintendent James Hamill, M.D.	Date: 10 May 1979
Patient Care Adv. Committee Chairman (If required)	Date:
Service Unit Director	Date:

ATTACHMENT IV

APPROPRIATIONS SUBCOMMITTEE ON INSTITUTIONS

March 3, 1977 - Room 225

The meeting of the Appropriations Subcommittee on Institutions was called to order at 8:00 a.m. by Chairman Gerke. Other members present were:

Senator Elmer Flynn - Vice-Chairman
Senator Mark Etchart
Representative Harry Hansen
Representative Art Lund
Representative Howard Ellis

Tom Briggs, Legislative Fiscal Analyst, was present, along with Doug Booker of the Office of Budget and Program Planning. Representative Bardanouve was also present.

The subjects of this executive session are four budget amendments on DRUG SERVICES, LIGHTHOUSE DRUG PROGRAM, ADOLESCENT CARE AT WARM SPRINGS, and ALCOHOL SERVICES. Also BOULDER RIVER SCHOOL AND HOSPITAL.

ADOLESCENT CARE

Tom Briggs distributed a handwritten sheet showing additional budget information on this adolescent care program at Warm Springs. It shows the authorized general funds for 1977 was $280,431. They are requesting an additional $100,000 over federal funds. They have 35 FTE's and are asking for an additional 7 with this federal funding, which is a hospital improvement grant.

The average population of this unit is 26. Doug Booker said this program got started when Warm springs started segregating the children from the general Warm Springs population. They care for these children and also do evaluations. This federal grant does not need a match of state funds.

It is the intent that these children would eventually be moved to community facilities or Yellowstone Boys Ranch.

Representative Hansen made a motion to approve this budget addition for Adolescent Care of $100,000 federal money. Senator Flynn seconded it. This motion was unanimously carried.

ATTACHMENT V

CHILDREN AND ADOLESCENT PSYCHIATRIC PROGRAM
CAPP

Mission

The Children and Adolescent Psychiatric Program (CAPP) will be a 60 bed residential facility providing long term (6 months to 2 years) psychosocial and educational services for seriously emotionally disturbed residents between the ages of 5 to 18 years.

Treatment Philosophy

The treatment philosophy of the CAPP is predicated on three tenets: 1) that an individual's emotional disturbance is a complex process and that successful treatment must deal with all aspects of an individual's behavior including individual psychological, social and educational deficiencies; 2) the complexity of emotional disturbance requires a team approach to treatment with equal participation on the team by a range of professional staff; 3) that although the severity of an individual's psychological disturbance will necessitate control of his physical as well as psychological environments, the primary purpose of the CAPP is treatment and not incarceration of the patient.

Population Served

The population to be served in the CAPP are those youth diagnosed as the most severely mentally and emotionally disturbed in the state. Functionally, this group has not responded to less restrictive treatment approaches and manifests at least five of the following characteristics: 1) self-injurious behaviors including suicidal attempts; 2) property destruction; 3) verbal and physical aggression toward others with little or no provocation; 4) hallucinations and delusions which moderate their life; 5) social withdrawal and social skill deficits; 6) habitual runaway reactions, having failed three previous placements; 7) manic and depressive states; 8) non-compliance and oppositional behavior; 9) psychosomatic complaints; and 10) low self-esteem. In addition to the emotional and behavioral disorders, such youth are also characterized by learning disabilities, perceptual motor handicaps, and academic retardation. Current prevalence estimates indicate there are over 103 youth in Montana that meet the above criteria and who are not receiving appropriate services.

Treatment Programs

The overall treatment of each individual is an integrated process that is based on a comprehensive evaluation and coordinated through an Individualized Treatment Plan developed by a multi-disciplinary team.

Psycho-social Treatment

Because each individual's problems are the result of unique circumstances and individuals respond differentially to treatment, all of the therapeutic modalities and interventions that are currently available will be used according to the individual needs of each

resident. This may include structured milieu therapy, Gestalt therapy, behavior therapy, chemotherapy, ego-analytic psychotherapy, rational emotive therapy, music therapy and play therapy. Individual treatment plans will be developed for each resident that are based on his or her clinical needs and will contain both short and long term goals with specific intervention procedures and their frequency described. Sufficient professional staff will be available to provide individual and group therapy sessions as required. A strong emphasis will be placed on family therapy and every effort will be made to involve the family throughout the treatment process. Staff will maintain communications with both the resident's family and appropriate community agencies to ensure a smooth transition from the CAPP back to the community when the resident is discharged.

The overall treatment milieu for the CAPP will incorporate a graduated level system that defines the resident's rights and responsibilities for basic living needs and activities. Such system will provide observable management of behavior that allows the resident to progress through increasing levels of independence and responsibility by meeting general and individual goals as specified in each residents individualized treatment plan.

Educational Academic Program

While the primary mission of the CAPP focuses on the mental and emotional disturbances of youth, an essential component of that process involves education. It is expected that a majority of youth referred to CAPP will exhibit significant learning disabilities, grade inappropriate achievement, and maladaptive classroom behavior. A self-contained classroom system will be employed that meets all facility and staffing standards for certification by the Office of Public Instruction. Students participating in the CAPP education program will, therefore, receive academic credit when returned to their home school system. In addition to a fully accredited education program located within the facility, arrangements will be made with the Billings Public School system to allow participation by residents in that system who have demonstrated significant behavioral control.

An adjunct to the academic program will be formal prevocational - vocational training to assess vocational aptitudes/abilities and develop job related skills. Appropriate staff and facilities will be available for training in carpentry, electrical, automotive, housekeeping, clerical and food service operations.

Physical education and recreation activities, including recreation therapy and occupational therapy, will be provided to facilitate interpersonal skills, appropriate use of leisure time and to meet the physical and health maintenance needs of each individual. To the maximum extent possible, existing community resources will be utilized to involve the residents in varied and many athletic events and outdoor activities.

Personal Support Services

In addition to the psychiatric and educational treatment programs, comprehensive support services will be available as needed. The CAPP will contract for appropriate medical services to include routine medical care, dental care and hospitalization at a local hospital. Additionally, physical therapy on a contract basis will be available to those residents requiring such services.

Admissions Criteria

Admissions are made to the CAPP in accordance with sections of the Montana Code Annotated pertaining to residential treatment for minors. Direct admissions to the CAPP may be made in emergency cases where space is available. In cases of emergency, contact with the CAPP must be made prior to transporting the youth.

Since the CAPP is co-educational and part of the program focuses on prudent living arrangements as well as heterosocial relationships, efforts to avoid wide sex imbalances with the resident group will affect admissions. Also, at any given time, no more than 25% of the census may consist of residents who are exhibiting severe physical aggression toward themselves or others. This limit on the representation of aggressive youth in the program permits staff to more effectively manage episodes of aggression and to better protect non-aggressive residents in the facility.

Children and adolescents diagnosed mentally retarded will be excluded. Physically handicapped youth may be served in the program, providing the severity of the handicap does not preclude the resident's involvement in treatment activities. Motor impaired youth must at least be proficient in the use of prosthetics which permit ambulation. Given the current staffing of the CAPP, children or adolescents who are totally blind or deaf must be excluded from the program.

Finally, admission to the CAPP, requires a signed consent for psycho-educational testing from the resident's legal guardian. Also, a complete developmental social history, a medical history and immunization record, and school records are required. A child study team must be convened prior to admission.

Discharge Considerations

Although specific discharge criteria are outlined for each individual resident, discharge decisions are generally based upon the following considerations:

1. progress in the group motivational system
2. remission of psychological disorders or symptoms which precipitated admission
3. development of acceptable adaptive behaviors suited to placement in a less restrictive setting

4. demonstration of appropriate behavior during trial visits to the community or to the prospective placement setting.
5. development of a less restrictive placement alternative and appropriate aftercare arrangements or outpatient therapeutic supports.
6. a review and recommendation of a child study team.

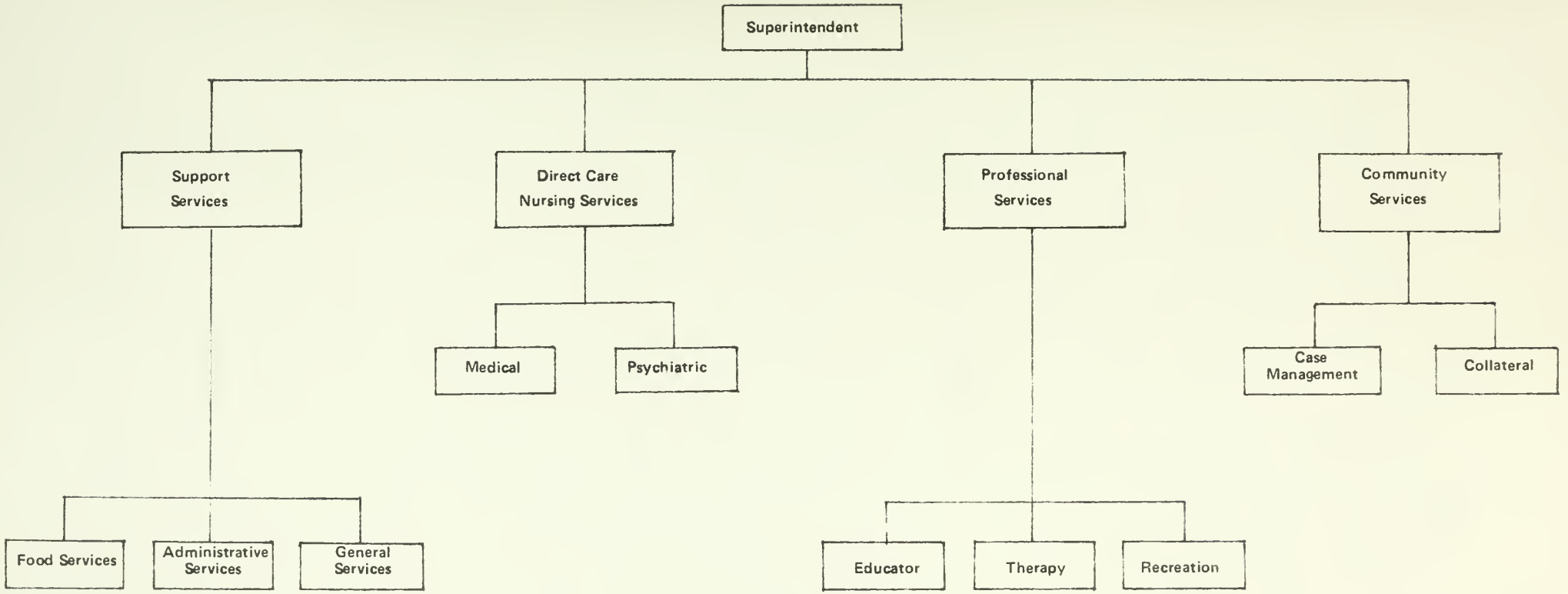
With respect to residents who have been involuntarily committed and who are approaching the end of a commitment period, documentation of improvement in the areas listed above will largely determine whether a re-commitment petition will be filed.

Administration

The CAPP will be a state operated facility under the direct supervision of the Division of Mental Health and Residential Services, Department of Institutions. Within the facility an appropriately qualified superintendent will be delegated authority to supervise all aspects of the CAPP operation.

PROPOSED ORGANIZATIONAL STRUCTURE

CHILDRENS CENTER



ATTACHMENT VI

Month	1976 Beds Avail.	1976 Pt.Days 85+86	1977 Beds Avail.	1977 Pt.Days 86,85+67	1978 Beds Avail.	1978 Pt.Days 67	1979 Beds Avail.	1979 Pt.Days 67	1980 Beds Avail.	1980 Pt.Days 67	1981 Beds Avail.	1981 Pt. Days 67
JAN.			86-666 85-558	592 215	1,240	643	1,085	910	1,085	832	1,085	859
FEB.			86-616 85-504	373 237	1,120	571	980	764	1,015	786	980	792
MAR.			86-682 85-558	549 319	1,240	684	1,085	969	1,085	889	1,085	816
APR.			86-660 85-540	475 364	1,200	715	1,050	1,026	1,050	920	1,050	795
MAY			86-682 85-558	494 359	1,147	765	1,085	929	1,085	884	1,085	784
JUNE	86-340 85- 18	136 2	86-660 85-540	596 261	1,200	871	1,050	836	1,050	804	1,050	757
JULY	86-620 85-558	355 92	86-660 85-540	544 351	1,140	884	1,085	714	1,085	829	1,085	735
AUG.	86-620 85-620	450 151	86-682 85-558	432 397	1,085	987	1,085	743	1,085	830	1,085	743
SEPT.	86-600 85-600	398 217	86-660 85-540	456 263	1,050	918	1,050	810	1,050	843	1,050	736
OCT.	86-620 85-620	440 200	86-682 85-558	510 244	1,085	962	1,085	885	1,085	895	1,085	767
NOV.	86-600 85-600	413 316	86-594 85-486 67-120	389 215 71	1,050	901	1,050	764	1,050	858	1,050	785
DEC.	86-620 85-620	569 223	67-1240	695	1,085	838	1,085	735	1,085	820		
TOTAL	7,656	3,962	14,544	9,401	13,642	9,739	12,775	10,085	12,810	10,190	11,690	8,569
% of Occ.		52%		65%		72%		79%		80%		73%

* Home visits, conditional releases and court custody proceedings account for an additional 15 percent utilization, as the children are not discharged from the program and the beds are held for them without concurrent admissions until they are officially discharged.

ATTACHMENT VII

WARM SPRINGS STATE HOSPITAL
WARM SPRINGS, MONTANA

M E M O R A N D U M

TO: Jane Edwards, R.N.
Acting Manager of Treatment Services

DATE: January 27, 1982

FROM: John Rosenleaf, ACSW
Supervisor
Children's Unit

SUBJECT: Warm Springs State Hospital Children's Unit Waiting List

Pursuant to your request, is the following list of ~~ten~~ children who are presently on the Warm Springs State Hospital Children's Unit waiting list. As you know, we have maintained this waiting list for approximately two and a half years. The waiting list itself has fluctuated between its lowest mark of seven to the highest mark of 30, from time to time. The present list constitutes the number of children who have been referred and have been placed on the waiting list since mid November 1981, to the present date. It is also important to note that this list does not account for the number of children who over the past two and a half years, in fact, were admitted to Warm Springs State Hospital, not having been on the waiting list and some of whom ended up being evaluated and treated on the adult units (this is particularly true of those children 17 and above). The list is as follows:

1. K.K. - male - 16 - Jefferson County; referred by Probation Department
2. I.R. - female - 16 - Yellowstone County; referred by Indian Health Service
3. J.T. - male - 17 - Powell County; referred by Mental Health Center
4. J.S.B. - male - 15 - Hill County; referred by Juvenile Probation
5. D.J. - female - 15 - Silver Bow County; referred by Drug Abuse Center
6. R.N. - male - 16 - Custer County; referred by Pine Hills School for Boys
7. R.J. - male - 16 - Yellowstone County; referred by Juvenile Probation
8. R.D. - male - 16 - Beaverhead County; referred by SRS
9. J.M. - female - 16 - Lewis & Clark County; referred by Mt. View School for Girls
10. W.B. - female - 14 - Yellowstone County; referred by SRS
11. C.H. - female - 17 - Lewis & Clark County; referred by SRS

I hope that this information will be of some use to you in your gathering of material for the certificational need. If I can be of further service, please do not hesitate to contact me.

JR/bjz

cc: Curt Chisholm
Jerry Hoover

ATTACHMENT VIII

TO: ALL INTERESTED PARTIES October 31, 1980

FROM: J. Bailey Molineux, Ph.D. J.B.M.
Chairman, Interagency Committee on Emotionally Disturbed Children

RE: Recommendations for the Treatment of Montana's Seriously Emotionally Disturbed Children

During August, 1980, the State Interagency Committee on Emotionally Disturbed Children conducted a needs assessment of 200 youth service providers - the community mental health centers, group homes, social service workers, district courts, aftercare workers and private psychiatrists and psychologists - to determine the number of seriously emotionally disturbed youths under age 18 in Montana in need of more intensive treatment. One hundred forty eight of those 200 youth service providers responded. Each was asked to provide the initials, dates of birth and sex of the youths listed to avoid duplicated counts.

The results, broken out by age, sex and degree of disturbance - moderate and severe - are presented below.

Severely disturbed children are those who are so suicidal, violent and/or "crazy" that they can't be treated or contained in the community. They need physically secure, institutional treatment. Moderately disturbed children are those who are so depressed, antisocial and/or "crazy" that they are having significant difficulties adjusting in their own, foster or group homes. Consequently, they need more intensive treatment - usually residential - but do not have to be committed to a physically secure setting as do severely disturbed children.

NUMBER OF SERIOUSLY EMOTIONALLY DISTURBED YOUTHS IN MONTANA
IN NEED OF MORE INTENSIVE TREATMENT
August, 1980
(Unduplicated Numbers)

Severely Disturbed

	Males	Females	Total
12 and under	11	8	19
13 and over	87	38	125
Total	98	46	144

Grand Total 144

Moderately Disturbed

	Males	Females	Total
12 and under	102	44	146
13 and over	285	152	437
Total	387	196	583

Grand Total 583

National estimates for the percentage of seriously emotionally disturbed children in any given population of youth range from 2% for moderate disturbance to .25% for severe disturbance. Our figures represent .06% of the 1979 estimated youth population in Montana for severe disturbance and .24% for moderate disturbance. This suggests there are more seriously disturbed children "out there" than we have identified.

The implication of these results is distressing but obvious: despite the strides Montana has made in the treatment of her seriously disturbed children - the establishment of the Children's Unit at Warm Springs, the RITZ in Great Falls and two interagency committees - we still are not adequately meeting their needs.

The Interagency Committee on Emotionally Disturbed children recommends an approach to this problem which involves maintaining and strengthening current programs, planning for an integrated system and piloting programs for future replication. Our recommendations are prioritized as follows:

Maintenance and Strengthening of Current Programs.

1. Expand the staff at the Children's Unit at Warm Springs by 15 and thereby increase its patient capacity from 30 to 42 beds. By order of the Department of Institutions, the Children's Unit has been restricted to 30 patients but this has resulted in a waiting list of approximately 20 youths and the placement of several older adolescents on the adult wards. Annual cost: $210,000.

2. Insure adequate funding for the RITZ. Begun in November, 1979 as a 10 bed facility, the RITZ has already expanded to 15 beds. However, with a projected FY 82 budget of $312,440, the RITZ program would face a $42,440 deficit even if it operated at full capacity and collected its $1500 monthly charge for services. Other sources of revenue will have to be found or its budget reduced.

3. Insure adequate funds for the treatment of youths committed to the Corrections Division, Department of Institutions. The FY 82 request for $180,000 would only cover the cost of treatment for approximately 10 youths in residential treatment for one year.

Planning

4. Provide funds for a comprehensive study of the needs of Montana's emotionally disturbed children which would include recommendations for a comprehensive, integrated program to be presented to the 1983 Legislature. Recommended cost: $70,000.

Pilot Programs

5. Insure adequate funding for the establishment of 12 Care and Professional Treatment (CPT) Homes in Billings. Although proven in other states to be as effective yet less expensive than residential treatment, CPT Homes have not yet been developed in Montana. One emotionally disturbed child would be placed with a carefully screened, trained and supervised couple. Other services normally found in a residential setting would be provided directly to the youth. Annual cost: $158,400 ($1,100 per month per child.)

6. Strengthen one 8 bed group home in Missoula to treat moderately disturbed children over age 13 and establish another to treat moderately disturbed children under age 12. Most group homes in Montana are not now able to treat moderately disturbed children but could be equipped to do so with the addition of staff and support services. Start-up cost: $197,386.

In addition, the Interagency Committee on Emotionally Disturbed Children recommends the establishment of a Master's Degree program in Social Work (MSW) at the University of Montana, funding for the construction of a new Children's Unit and review of Montana laws affecting seriously disturbed children.

A needs assessment for an MSW program at the University has been done, and the program has been approved by the administration contingent upon legislative appropriations. Since graduates of the program will be trained specifically to treat children and families, it will provide a pool of professionals to serve emotionally disturbed children. Cost for the biennium: $272,348.

$2,100,000 has been included in the Department of Institution's long range building budget for the construction of a new Children's Unit. To treat 42 youths in the current Children's Unit will make for overcrowded conditions, thereby increasing the chances of more acting out behavior, so eventually a new facility will have to be built if Montana is to provide adequate institutional treatment for her severely disturbed children. If accredited by the Joint Commission on Accreditation of Hospitals, the new Children's Unit could become eligible for Medicaid reimbursement for all services except vocational and educational services.

Current Montana law should be reviewed and possibly revised to insure better service for emotionally disturbed children. Specifically, under current statute, appropriate commitment or transfer to the Children's Unit can be a problem, funding for programs like the RITZ must come from some counties who cannot afford the payments and many children are discharged from the Children's Unit without funding for follow-up services because no state agency is responsible for them.

Because these youths have been abused, neglected or traumatized at an age critical to healthy personality development, intervention to treat them must be massive and therefore expensive. But it is far cheaper to treat them now than to support 80% of them for much of their lives at Warm Springs or Deer Lodge, or on welfare rolls.

ATTACHMENT IX

OUT-OF-STATE PLACEMENTS[1]
CHILDREN AND ADOLESCENTS
February 10, 1982

	Name	Birth Date	Sex	Cost[2]/Mo
1.	M.V.	10-3-67	Male	$2,016
2.	L.G.	9-23-65	Male	$2,016
3.	K.M.	12-7-67	Male	$2,016
4.	M.K.	10/29/65	Male	$2,016
5.	L.T.	3-15-68	Female	$2,016
6.	B.W.	8-30-64	Female	$1,508
7.	T.R.	1-20-67	Female	$1,576
8.	R.P.	7-27-63	Female	$1,885
9.	R.J.	6-26-66	Male	$1,100
10.	L.M.	9-30-64	Male	$ 450
11.	M.M.	9-1-68	Male	$ 450
12.	J.E.	7-31-64	Male	$1,190
13.	D.P.	9-13-70	Male	$2,239
14.	C.B.	12-3-68	Female	$2,200
15.	D.B.	7-16-66	Male	$ 800
16.	J.G.	2-6-67	Male	$1,342
17.	R.F.	9-23-63	Female	$ 25 per mo.
18.	C.G.	9-20-66	Female	250

[1] SRS placements only. the number of other placements by the OSPI, parents and private agencies are undetermined.

[2] SRS payment only. Additional costs are paid through SSI, Education, private insurance and parents.

OFFICE OF PUBLIC INSTRUCTION 2/11/82

OUT OF STATE PLACEMENTS FOR MONTANA 1981-82 SCHOOL YEAR

INITIALS	BIRTHDATE	SCHOOL	HANDICAP	COST
Z O	6/18/61	Fairfield HS	MH	
MAD	10/30/63	Corvallis	MH	
L L	10/19/63	Great Falls	MD	
RSG	12/30/66	Bigfork	ED	
KRH	1/6/76	Drummond	D	
J E	7/31/64	Great Falls	ED	
RJW	6/26/65	Great Falls	ED	
B C	7/20/65	Anaconda	MH	
TLR	1/20/67	Helena	ED	
KDC	8/13/65	Plentywood	MR	

ATTACHMENT X

TYPE OF ADMISSION

Voluntary 1st Admission	22
Voluntary Re-Commitment	8
Involuntary 1st Admission	15
Involuntary Re-Commitment	1
Youth Court Order Evaluation	12
Court Order Evaluation	2
Youth Court Order Commitment - 1st	25
Youth Court Order Re-Commitment	5
Inter-institutional transfer	3
Inter-institutional transfer Re-Commitment	2
Emergency Detention	1
TOTAL	96

COUNTY OF ADMISSION

Custer	5
Lincoln	5
Silver Bow	13
Flathead	5
Lewis & Clark	9
Fergus	1
Daniels	1
Powell	4
Cascade	8
Jefferson	3
Roosevelt	4
Park	2
Beaverhead	1
Gallatin	3
Lake	6
Madison	1
Hill	3
Deer Lodge	2
Missoula	5
Yellowstone	10
Richland	1
Ravalli	1
Mineral	1
Glacier	1
Unknown	1

Region I	11
Region II	12
Region III	11
Region IV	38
Region V	23
Unknown	1

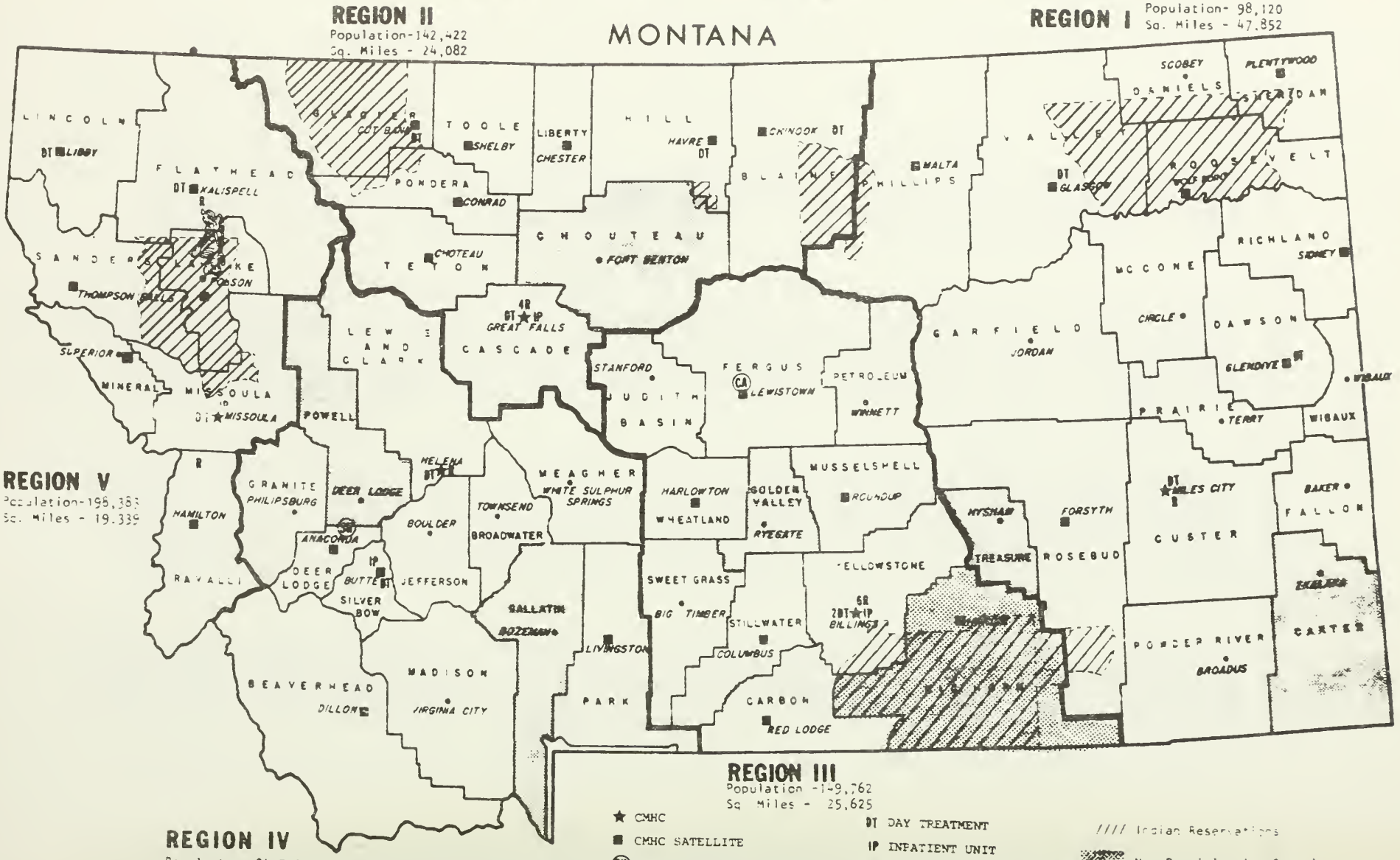
PATIENT #	NAME	COUNTY	Type of Commit.	Date	Ward
1-37736	BD: 9-27-62	Custer	Vol/1st	1/16/80	67
5-37741	BD: 10-27-62	Lincoln	Vol/1st	1-21-80	67
4-37749	BD: 3-17-63	Silver Bow	Vol/1st	1-30-80	67
5-37760	BD: 9-17-67	Flathead	YCOE/1st	2-11-80	67
4-37767	BD: 8-17-63	Lewis & Clark	ltt/1st	2-22-80	67
3-37776	BD: 4-26-63	Fergus	YCO/RC	3-7-80	67
5-37782	BD: 7-20-65	Lincoln	YCO/RC	3-20-80	67
1-37787	BD: 11-30-67	Daniel	YCO/1st	3-24-80	67
4-37800	BD: 7/25/66	Powell	YCO/1st	3-31-80	67
4-37803	BD: 9-18-64	Lewis & Clar	Vol/1st	4-9-80	67
5-37824	BD: 8-5-64	Flathead	YCO/1st	5-6-80	67
2-37831	BD: 11-17-65	Cascade	lvl/1st	5-14-80	67
5-37837	BD: 12-12-64	Lincoln	YCO/1st	5-22-80	67
4-37839	BD: 7-23-66	Jefferson	YCO/1st	5-24-80	67
4-37843	BD: 4-12-65	Powell	YCO/1st	5-29-80	67
4-37856	BD: 11-28-59	Silver Bow	Vol/1st	6-15-80	67
4-37863	BD: 1-11-65	Lewis & Clr	YCO/1st	6-30-80	67
1-37911	BD: 5-20-63	Roosevelt	Vol/RC	7-2-80	67
4-37867	BD: 6-23-65	Park	lvl/1st	7-2-80	67
3-37880	BD: 11-17-64	beaverhead	YCO/1st	7-23-80	67
1-37907	BD: 4-8-64	Custer	YCO/RC	8-21-80	67
4-37904	BD: 12-11-64	Gallatin	YCO/1st	9-8-80	67
5-37919	BD: 10-6-64	Lake	YCO/1st	9-9-80	67
1-37898	BD: 11-27-63	Roosevelt	lvl/1st	9-10-80	67
4-37924	BD: 1-5-66	Madison	Vol/1st	9-16-80	67
4-37932	BD: 11-26-64	Silver Bow	lvl/1st	9-25-80	67
4-37823	BD: 5-17-64	Silver Bow	YCO/RC	10-28-80	67
4-37965	BD: 5-21-70	Silver Bow	lvl/1st	11-14-80	67
2-37968	BD: 2-25-66	Hill	Vol/1st	11-25-80	67
4-37981	BD: 9-28-68	Deer Lodge	EDT/1st	12-1-80	67
5-37990	BD: 8-11-65	Flathead	YCO/1st	12-12-80	67
4-38009	BD: 11-26-66	Silver Bow	YCO/1st	1-15-81	67
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3-38068	BD: 12-8-65	Yellowstone	ltt/1st	3-26-81	67
5-38069	BD: 8-24-66	Flathead	COE/1st	3-27-81	67
5-38081	BD: 9-20-66	Missoula	lvl/1st	3-13-81	67
2-38110	BD: 2-4-71	Cascade	Vol/1st	5-4-81	67
3-38079	BD: 11-15-54	Yellowstone	lvl/1st	5-6-81	67
4-38119	BD: 6-30-58	Silver Bow	YCOF/1st	5-18-81	67
4-38140	BD: 2-2-66	Powell	YCOE/1st	6-9-81	67
3-38176	BD:	Yellowstone	lvl/1st	7-20-81	67
5-38193	BD: 7-23-65	Lake	lvl/1st	8-11-81	67
3-37831	BD: 11-17-65	Yellowstone	ltt/RC	9-10-81	67
1-38234	BD:	Richland	lvl/1st	10-4-81	67
2-38239	BD:	Cascade	Vol/1st	10-7-81	67
5-38244	BD:	Lake	YCOF/1st	10-9-81	67

CHILDREN'S PROGRAM

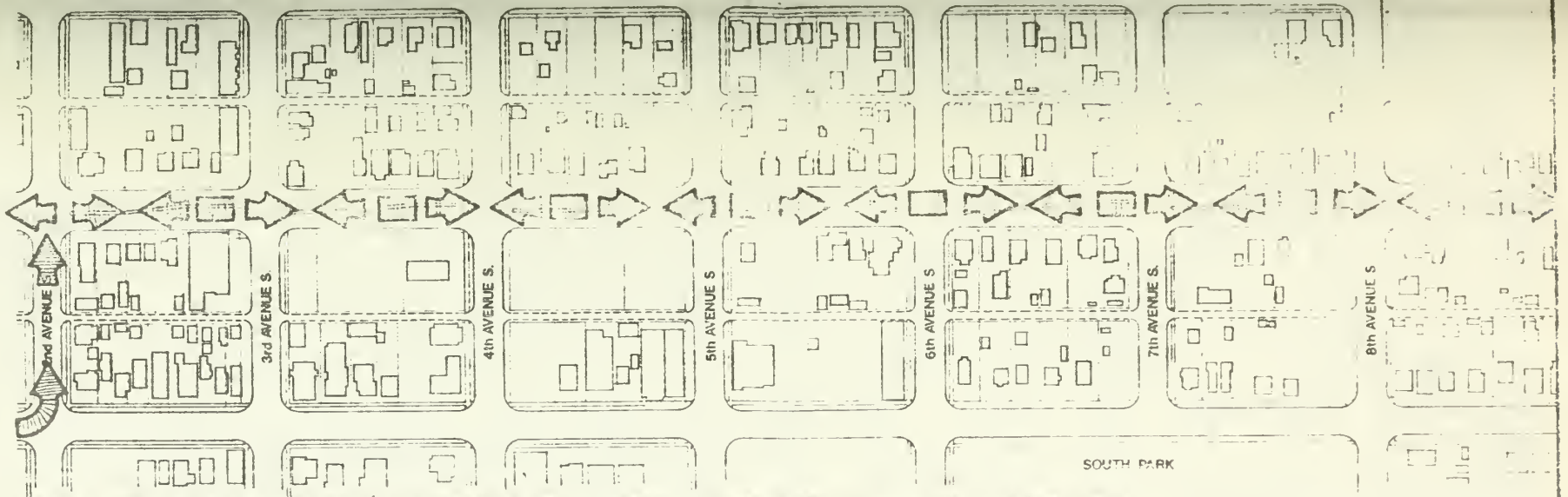
PATIENT #	NAME	COUNTY	Type of Commit.	Date	Ward
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4-37343	BD. 5-6-61	Gallatin	YCO/1st	6-26-78	67
4-37006	BD: 3-4-61	Silver Bow	Vol/RC	7-2-78	67
4-37352	BD: 12-25-60	Lewis & Clark	Vol/1st	7-14-78	67
4-37322	BD: 11-19-62	Silver Bow	YCO/RC	7-20-78	67
4-37360	BD: 2-9-62	Silver Bow	COE/1st	7-25-78	67
3-37373	BD: 1-7-63	Yellowstone	Vol/1st	8-8-78	67
1-33596	BD: 6-2-62	Custer	Vol/RC	8-19-78	67
3-37396	BD: 6-12-62	Yellowstone	Lvl/1st	9-15-78	67
1-36962	BD: 2-14-61	Custer	Vol/RC	9-15-78	67
4-37404	BD: 12-23-62	Lewis & Clark	Vol/1st	9-23-78	67
4-37403	BD: 5-6-64	Lewis & Clark	Vol/1st	9-23-78	67
2-37419	BD: 8-14-60	Cascade	YCOE/1st	10-12-78	67
2-37421	BD: 12-30-61	Glacier	Vol/1st	10-13-78	67
2-37423	BD: 9-9-65	Yellowstone	YCOE/1st	10-16-78	67
4-37404	BD: 12-23-62	Lewis & Clark	Vol/RC	10-26-78	67
1-36671	BD: 3-13-61	Roosevelt	Vol/RC	10-27-78	67
2-37466	BD: 9-14-62	Hill	YCO/1st	12-26-78	67
4-37479	BD: 2-28-64	Silver Bow	YCO/1st	12-28-78	67
1-36671	BD: 3-13-61	Roosevelt	Vol/RC	1-16-79	67
5-37498	BD: 9-7-62	Flathead	Vol/1st	1-28-79	67
4-37502	BD: 12-27-62	Deer Lodge	Lvl/1st	2-7-79	67
2-37505	BD: 3-17-62	Cascade	Vol/1st	2-18-79	67
5-37508	BD: 9-19-61	Missoula	Vol/1st	2-19-79	67
3-37513	BD: 8-23-63	Yellowstone	YCO/1st	2-26-79	67
5-37515	BD: 7-12-61		YCOE/1st	3-2-79	67
5-37511	BD: 11-23-61	Missoula	YCO/1st	3-13-79	67
4-37527	BD: 5-13-64	Lewis & Clark	YCOE/1st	3-23-79	67
4-37530	BD: 1-12-63	Park	Vol/1st	3-26-79	67
4-37540	BD: 5-12-63	Powell	YCOE/1st	4-12-79	67
4-37553	BD: 9-21-62	Jefferson	Vol/1st	4-25-79	67
5-36703	BD.	Missoula	Lvl/RC	5-8-79	67
5-37581	BD: 1-9-63	Lincoln	YCOE/1st	5-25-79	67
3-37554	BD: 2-2-65	Yellowstone	YCO/1st	6-19-79	67
2-37603	BD: 4-17-62	Hill	YCO/1st	7-6-79	67
4-37637	BD: 9-27-62	Silver Bow	Vol/1st	8-27-79	67
2-37640	BD: 12/28/63	Cascade	Vol/1st	8-31-79	67
5-37645	BD: 8-8-62	Ravalli	YCO/1st	9-5-79	67
1-37648	BD: 6-5-63	Mineral	YCO/1st	9-7-79	67
5-37650	BD: 10-13-63	Lake	Vol/1st	9-10-79	67
1-37007	BD: 4-8-64	Custer	Lvl/P	9-26-79	67
4-37677	BD: 6-27-62	Lewis & Clark	YCO/1st	11-19-79	67
5-37681	BD: 5-14-62	Lake	YCOE/1st	10-23-79	67
2-37715	BD: 9-24-62	Cascade	Lvl/1st	12-26-79	67
5-37721	BD: 9-23-63	Lake	Lvl/1st	12-27-79	67
3-7726	BD: 11-2-66	Yellowstone	Lvl/1st	12-28-79	67
2-37735	BD: 5-12-62	Cascade	Lvl/1st	1-11-80	67

MENTAL HEALTH SYSTEM

MONTANA



ATTACHMENT XI



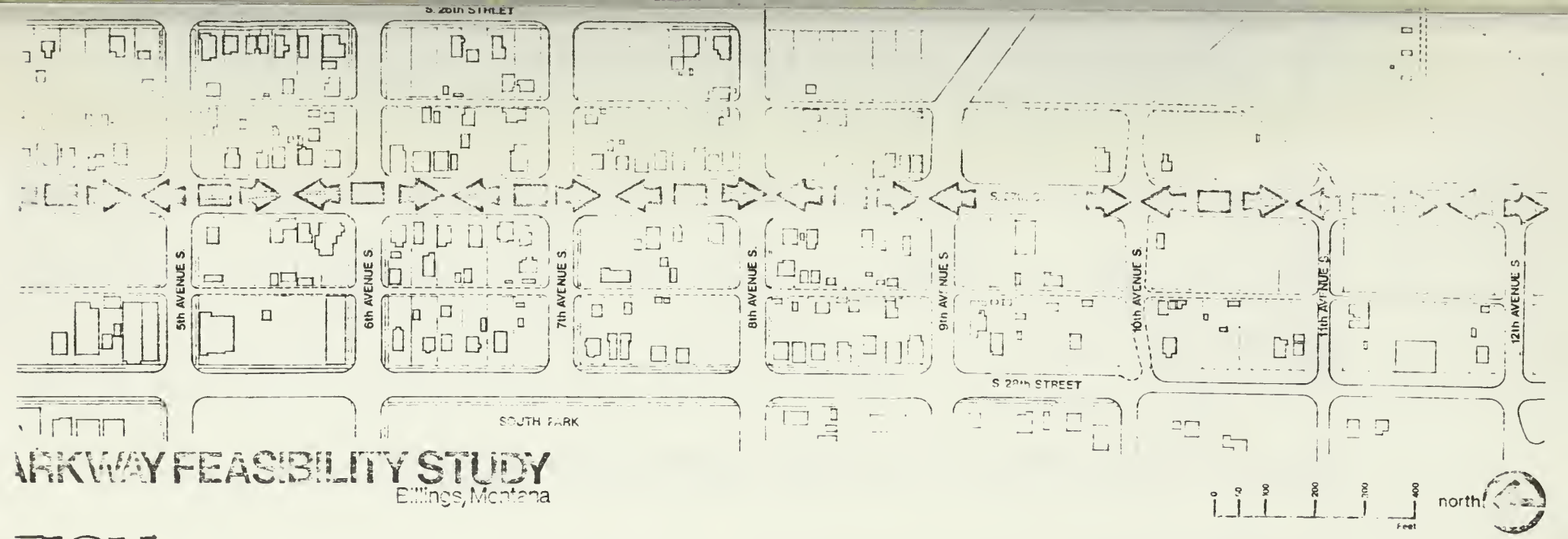
SOUTH 27th STREET PARKWAY FEASIBILITY STUDY

Billings, Montana

TRANSPORTATION (CURRENT)

LEGEND :

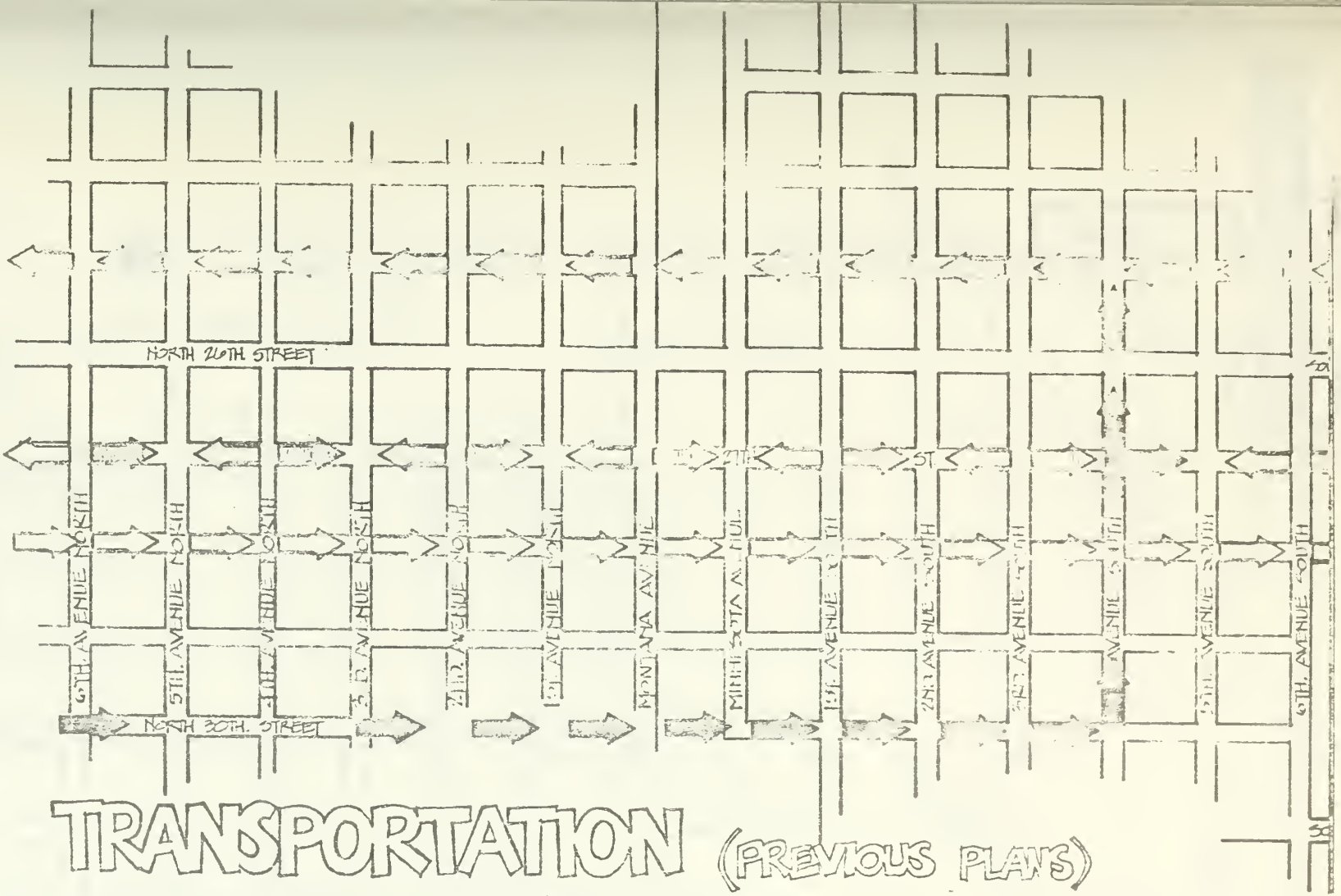
CITY COUNTY PREFERRED PLAN



ARKWAY FEASIBILITY STUDY

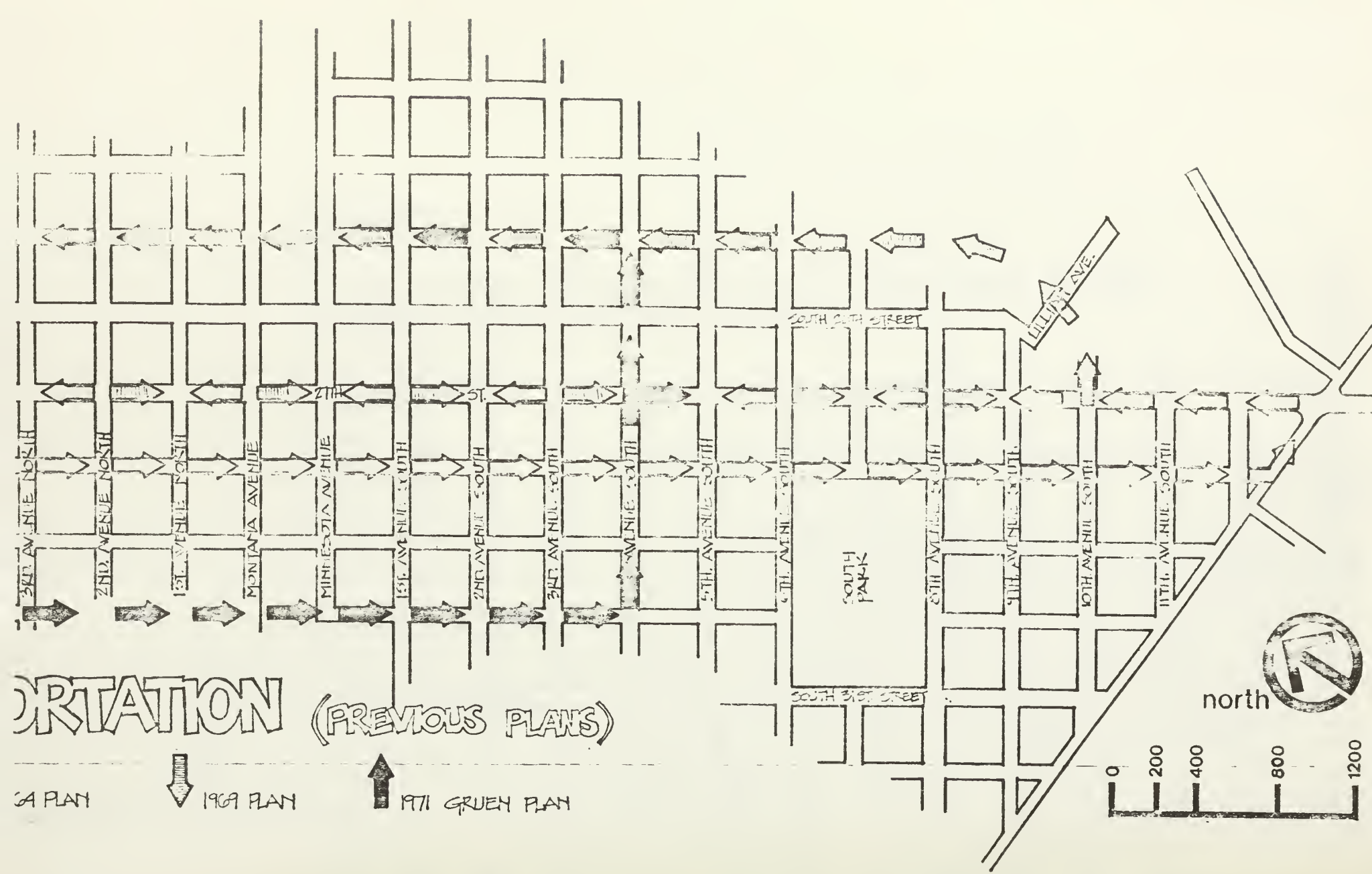
Billings, Montana

TION (CURRENT)



TRANSPORTATION (PREVIOUS PLANS)

LEGEND :

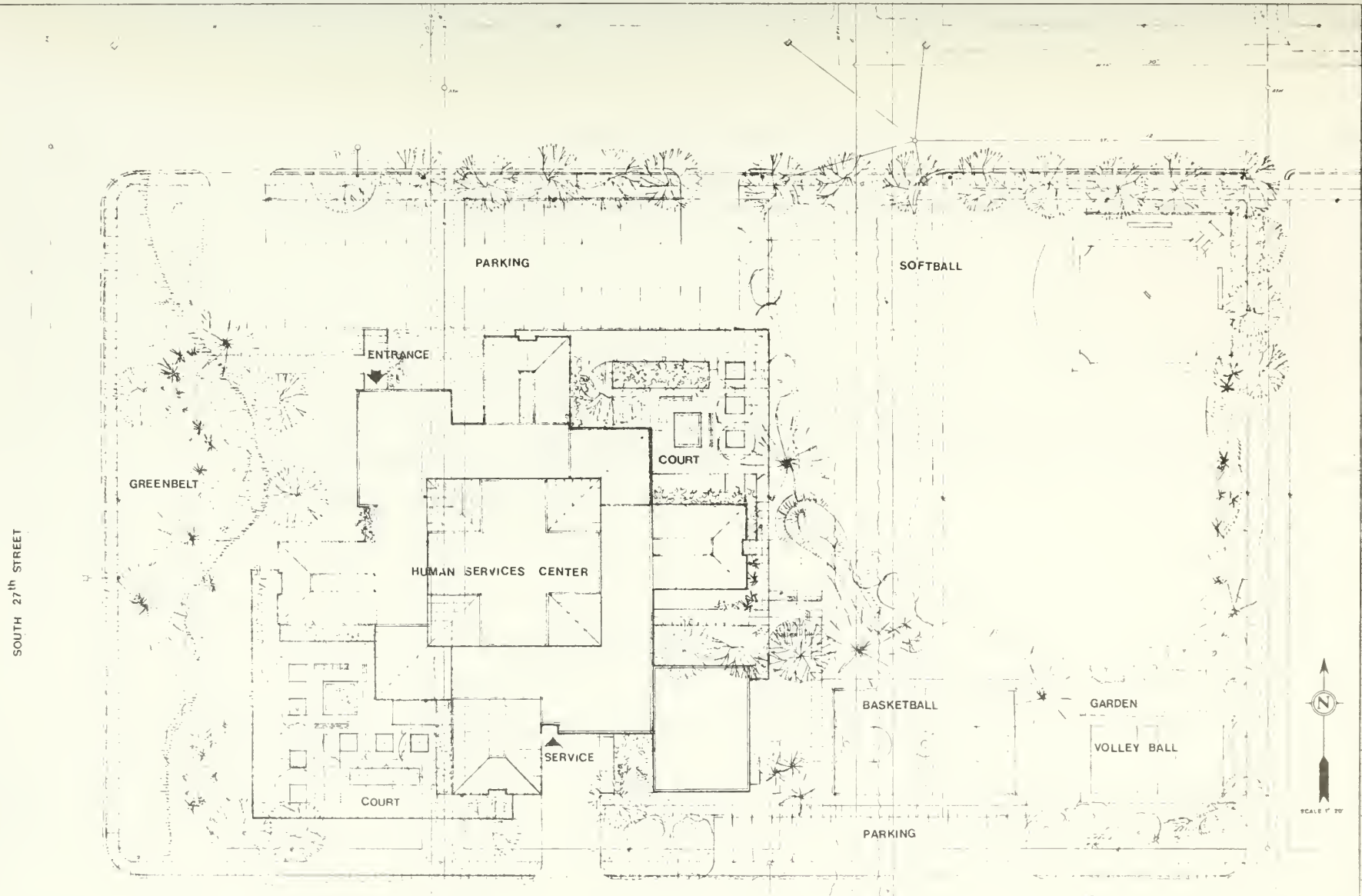


ORTATION (PREVIOUS PLANS)

'64 PLAN

1969 PLAN

1971 GRUEN PLAN



HUMAN SEVICES CENTER SITE PLAN

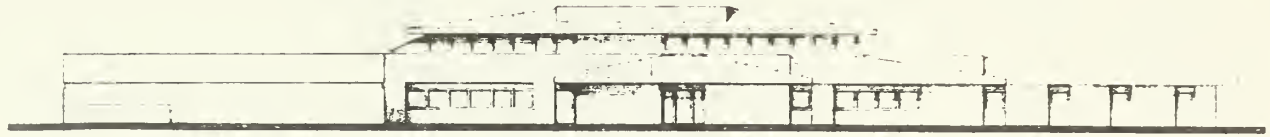
SCALE 1" = 20'

HARRISON G FAGG & ASSOCIATES
900 GRANITE TOWER BILLINGS MONTANA 59101
TELEPHONE AREA CODE 406 245 7811
ARCHITECTS

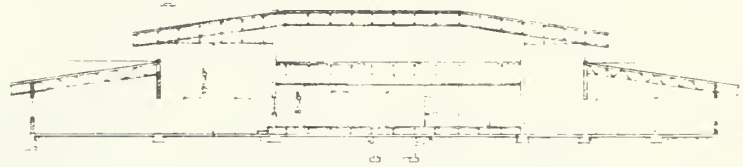
THE ORIGINAL DRAWINGS AND THE DESIGN OF THIS BUILDING ARE THE PROPERTY OF HARRISON G. FAGG & ASSOCIATES AND NO SECTION THEREOF MAY BE REPRODUCED COPIED OR USED IN ANY WAY WITHOUT THE EXPRESS CONSENT OF HARRISON G. FAGG AIA ARCHITECT



NORTH ELEVATION SCALE 3/32" 1'-0"

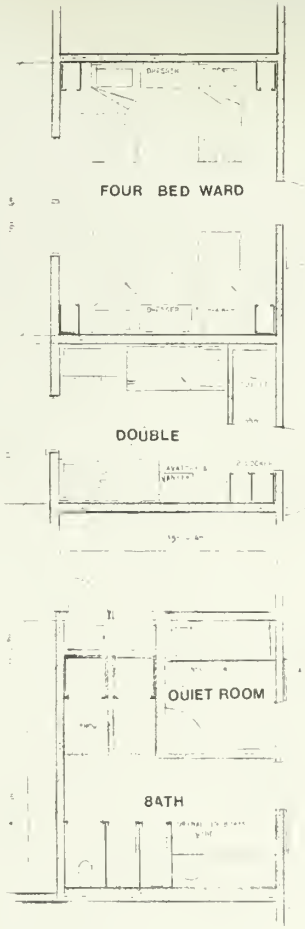


EAST ELEVATION SCALE 3/32" 1'-0"



SECTION A-A SCALE 3/32" 1'-0"

HARRISON G. FAGG & ASSOCIATES
214 NORTH 32nd ST. BILLINGS, MONTANA
TELEPHONE AREA CODE 406 245 7811
ARCHITECTS AND ENGINEERS



HUMAN SERVICES CENTER

TOTAL SQUARE FOOTAGE		CORRIDORS	EFF
with gym	27,936	3764	86.53%
w/o gym	25,296	3724	85.28%

MAIN ENTRANCE
BOY'S WING
ENCLOSED PLAY AREA
CLASSROOM WING
GIRL'S WING
DAY ROOM
NURSE STATION
BOY'S WING
DAY ROOM
DINING
PICNIC AREA
GYMNASIUM
CLASSROOM WING
GIRL'S WING
SERVICE AREA
ENCLOSED PLAY AREA

HARRISON G. FAGG & ASSOCIATES
300 GRANITE TOWER BLDG. MONTANA 59101
TELEPHONE AREA CODE 406 248 7811
ARCHITECTS

ATTACHMENT XII

4.2
ACUTE CARE PSYCHIATRIC UNITS

OAL

To foster the rational development of a number of regional, acute care psychiatric units in Montana hospitals to provide short term psychiatric care. As a planning goal, bed need in this plan is based on a historical use rate of 66.3 patient days per 1,000 population.

OBJECTIVE

By 1985, establish short term psychiatric units in Kalispell, Helena, Havre and Bozeman if they can be shown to be financially feasible, and to serve a sufficient population to justify a minimum of ten beds without jeopardizing existing services in the affected MHSA subarea.

ONG RANGE ACTIONS:

By 1981, support legislation requiring all health insurance policies sold in Montana to include coverage, as an option, of psychiatric services.

By 1982, emphasize the importance of linkages, coordination and cooperation between acute psychiatric units and local community mental health services. Cooperation between local inpatient and outpatient programs is vital to ensure complete coverage.

.0 BACKGROUND

.1 SERVICE DEFINITION

This plan component is limited to establishing guidelines for the future development of psychiatric units in selected hospitals. Although most hospitals have the capability to treat psychiatric patients when necessary, few hospitals have the staffing to maintain distinct units. These hospitals, in turn, serve as a referral source for the other hospitals in the area.

The majority of patients admitted to psychiatric units evidence severe emotional disturbances and appear to be:[1]

- Very depressed/often suicidal
- Acutely psychotic
- Have some form of severe organic brain syndrome
- Have severe personality and behavioral disorders

1.2 SERVICES AND SETTINGS

Although this component does not address the services delivered by local community mental health centers, they are another community resource with responsibilities in this area. The importance of good linkages between the acute psychiatric units is stressed so a full range of services can be provided to the patient.

1.3 TRENDS

The mental health delivery system in the United States has undergone rapid and major revision in recent years. The trend has been toward the provision of services to patients in their own home communities. Underlying this trend is the principle that removing a person from "normal home and community makes resolution of problems more difficult than maintenance of the ill person in the home and community."[2]

The utilization of local services has been steadily increasing as state and psychiatric hospitals have decreased in size, or in some areas, closed completely. Since 1963, with the passage of the Community Mental Health Centers Act, the resident populations of these hospitals have decreased nationwide by 45 percent.[3] In Montana, resident populations in these facilities have decreased from 2,000 patients in the 1950's to approximately 300 patients in 1975.

In this transition, it has been necessary for the large community hospitals to develop special units to care for acutely ill psychiatric patients for short periods.

2.0 CURRENT SITUATION

2.1 AVAILABILITY

There are presently four hospitals in Montana that have psychiatric units, are staffed by professional personnel and utilize therapeutic treatment modalities. The units are Billings Deaconess Hospital, Montana Deaconess Medical Center in Great Falls, St. Patrick Hospital in Missoula and Silver Bow General Hospital in Butte. The location of these facilities and their general catchment areas are shown in Figure 1. Other hospitals in the state have security rooms for psychiatric patients or will use a general bed or room for such patients.

There is no formal acute psychiatric hospital unit in Eastern Montana. As a result, a unique method of providing inpatient psychiatric care has been developed. Persons in need of inpatient treatment for acute psychiatric illnesses are hospitalized in community hospitals, and treatment plans are developed through the collaboration of local physicians, hospital personnel and mental health professionals. When situations arise where patients are in need of a more intense, structured program, appropriate referrals are made. This method has proven effective as evidenced by the increased numbers of local hospitalizations and decreased commitments to Warm Springs State Hospital.

The number of beds, total admissions, length of stay and occupancy rates of the four hospitals with psychiatric units are indicated in Table 1. In Montana, the average length of stay for psychiatric unit patients is 9.0 days as compared to the national average of 11 days.[4]

2.2 ACCESSIBILITY

Accessibility barriers to acute psychiatric care in Montana result from an apparent absence of psychiatrists practicing in the rural areas and reimbursement problems encountered by health care providers. Many health insurance policies do not include comprehensive mental health coverage. Assuming acute care psychiatric units were developed in Kalispell, Havre, Helena, and Bozeman, accessibility to this care would be significantly enhanced for all but one of the subareas, Eastern.

2.3 COST

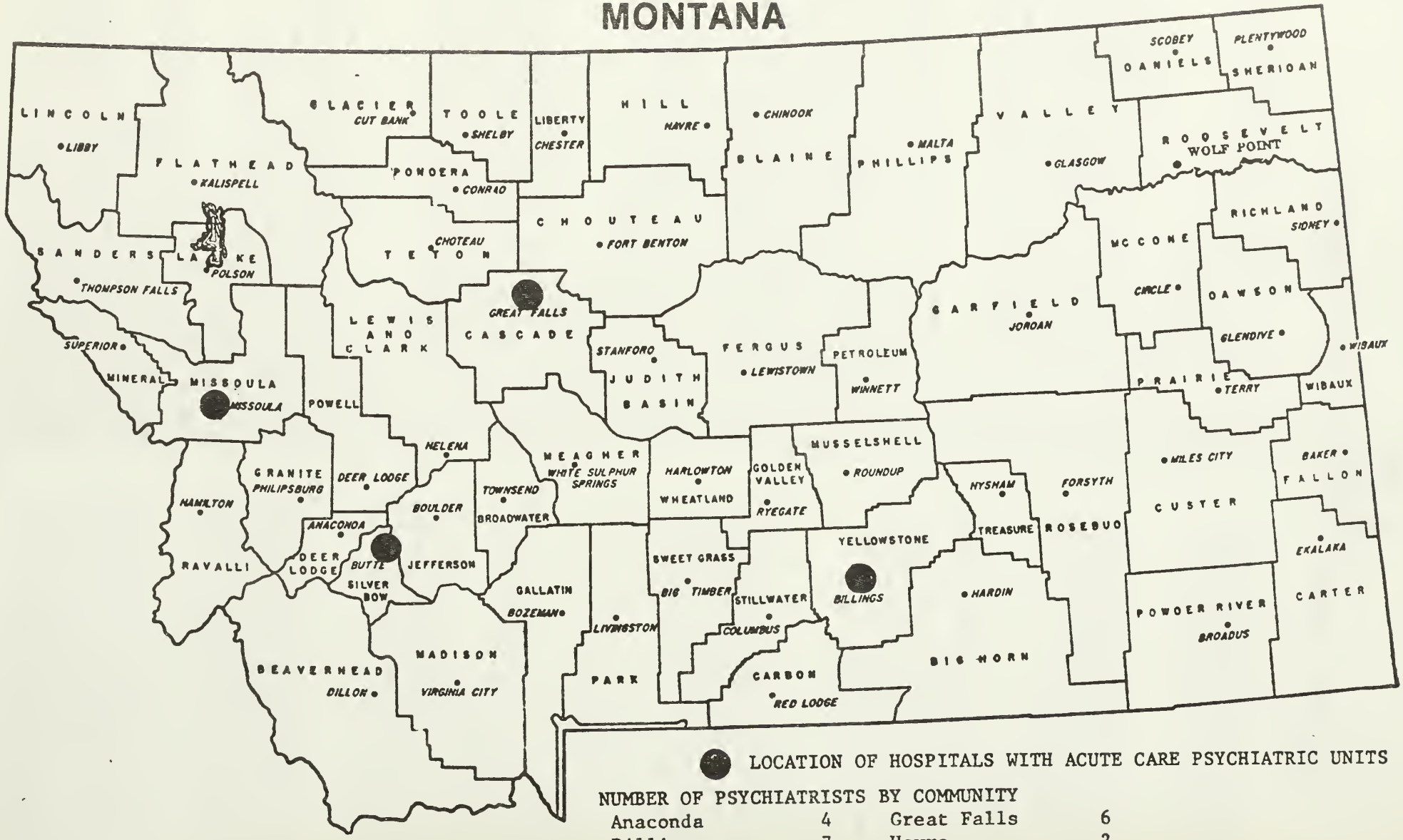
Based upon the past experience of existing units in Montana, units of less than 10 beds cannot support themselves. It is estimated that a 15-bed unit must experience an annual occupancy rate of 80 percent and serve a population of at least 150,000 persons to remain financially viable.

3.0 FUTURE RESOURCE REQUIREMENTS

3.1 AVAILABILITY

Table 2 presents the estimated bed need for acute care psychiatric units in a number of selected hospitals across Montana. Each of the hospitals has approximately 100 beds and serves as a regional referral center.

Bed need is estimated using a model based on a 99.9 percent chance that an unoccupied bed will be available when needed. This procedure assumes that a 10-bed unit would have an annual occupancy rate of 40 percent — a utilization level which may not be self-supporting.



● LOCATION OF HOSPITALS WITH ACUTE CARE PSYCHIATRIC UNITS

NUMBER OF PSYCHIATRISTS BY COMMUNITY

Anaconda	4	Great Falls	6
Billings	7	Havre	2
Bozeman	1	Helena	2
Butte	2	Kalispell	3
Glasgow	1	Libby	1
		Missoula	7

FIGURE 1: Location of Acute Care Psychiatric Units in Montana

ospital	Number Beds	Total Admissions	Total Inpatient Days	Average Length of Stay (Days)	Occupancy Rate Percent
ontana eaconess edical Center- reat Falls	28	679	5,399	8.0	52.8
t. Patrick ospital- issoula	17	857[1]	4,536[1]	5.3	73.1
illings eaconess ospital- illings	21	518	6,603	12.7	86.1
ilver Bow eneral Hospital- Butte	18	243	4,487	18.5	68.3
TOTAL	84	2,297	21,025	9.2	68.6

1) Includes alcohol and drug detox patients

TABLE 1 - Admission and Utilization Data For Acute Care Psychiatric Units in Montana

SOURCE: Unpublished data from the 1979 Hospital and Related Facilities Annual Report, Department of Health and Environmental Sciences, State of Montana.

ed on these estimates, it appears that Kalispell, Havre, ena and Bozeman may justify the development of acute psychiatric units in their hospitals.

n the exception of Billings and Missoula, each of the es currently having these units appears to be adequately ed. With the rapid growth expected in these two com- nities, expansion of the current services may be justified.

ACCESSIBILITY

975, the Governor's Advisory Council on Mental Health ommended that a selected number of communities con- r establishing acute psychiatric units. The intent of this ommendation was recognition of the fact that a minimum ber of geographically dispersed units was needed to ide complete coverage in the state. The MHSA task e on acute care psychiatric units agreed with this con- with the following qualifications:

1) Each unit must be under the direction of a psychiatrist.
2) Units must be large enough to be self-supporting.
3) Services should not be duplicated in a community.

reasoning behind the first criterion is that these units medical facilities and patients can only be admitted by a sician. Consequently, it was felt that these units should developed only after the hospital has placed a chiatrist on its medical staff. (A psychiatrist can practice without a unit, treating patients on an out patient basis and using general hospital beds as needed; but a unit cannot function without a psychiatrist.) Thus, the development of these units is heavily dependent on the recruitment of psychiatrists to Montana. The possible use of National Health Service Corps (NHSC) psychiatrists is addressed in another component.

3.3 COST

To date, acute care psychiatric units have not been duplicated in any community in Montana. It appears that economies of scale may be realized in these units (the larger the service, the lower the unit cost). Should more than one hospital offer this service, the average cost would be substantially higher.

4.0 GENERAL ANALYSIS

4.1 ALTERNATIVES AND ISSUES

One of the problems in developing a plan for psychiatric units in Montana is the lack of psychiatrists outside the metropolitan areas of the state. Figure 1 shows the location of practicing psychiatrists currently in the state. It is emphasized that psychiatric units cannot function without a psychiatrist on staff.

A second problem in Montana is that the provision of psychiatric services is often quite costly to the hospital due to the fact that mental health care insurance is not covered by third party payors. Thus, decisions about treatment and

	1985 County Population	Projected Average Daily Census[1]	Estimated 1985 Bed Need	Number Beds Currently Licensed	Defici (Surplus
Northwestern					
Missoula (Missoula)	78,171	14.2	26	17	9
Kalispell (Flathead)	56,402	10.2	20	-	20
North Central					
Great Falls (Cascade)	88,112	16.0	28	28	0
Havre (Hill)	19,641	3.6	9	-	9
Southwestern					
Butte (Silver Bow)	44,457	8.1	17	18	(1)
Helena (Lewis & Clark)	46,931	8.5	17	-	17
Bozeman (Gallatin)	44,058	8.0	16	-	16
South Central					
Billings (Yellowstone)	126,106	22.9	37	21	16
Eastern					
Miles City (Custer)	14,642	2.7	8	-	8
Glendive (Dawson)	13,067	2.4	7	-	7
Sidney (Richland)	12,093	2.2	7	-	7
Glasgow (Valley)	16,325	3.0	8	-	8

1) Based upon an average use rate of 66.3 psychiatric inpatient days per 1,000 population in the Great Falls, Missoula, Butte and Billings Psychiatric Units in 1977, 1978, and 1979.

2) Based on the probability that an unoccupied psychiatric bed will be available 99.9% of the time, using the formula, Beds Needed = ADC + $3.0\sqrt{ADC}$

TABLE 2
Estimated Bed Need for Acute Care Psychiatric Units in Selected Montana Communities

ospital stay have to be made without knowledge of whether he patient will be accepted for insurance to cover the ospital expenses. Only crude estimates of bed need can be eveloped at this time. The estimates assume that each unit ill experience a patient utilization rate (psychiatric patient ays per 1,000 population) which is the same as the average e the four existing units experienced in 1977, 1978, and 79. The catchment areas of individual units are not defined; therefore, the local county population is assumed to be he primary catchment area.

A factor which cannot be addressed at this time is the impact of group homes and other less restrictive living arrangements for the mentally ill. The availability of these services locally should lessen the need for chronic care psychiatric units so they can be used only for the most acutely ill. The presence of these group homes may indicate the need for acute backup services furnished by psychiatric units.

Because of the above assumptions, individual hospitals wishing to develop one of these units will be able to more precisely estimate the local need for this service.

REFERENCES

1. Leona L. Bachrach, Ph.D., Psychiatrist Bed Needs: An Analytical Review, U.S. Department of Health Education and Welfare, Publication No. (ADM) 75-205, 1975.
2. Ibid.
3. Ibid.
4. Daniel S. Levine, The Cost of Mental Illness, Final Report, September. 1974, prepared for the National Institute of Mental Health, DHEW, page 20.
5. Standards for Psychiatric Facilities, The American Psychiatric Association, Washington, D.C., 1967.

APPENDIX I

RECOMMENDED REVIEW CRITERIA: ACUTE CARE PSYCHIATRIC UNITS

1. Each hospital desiring to establish such a unit should have at least one psychiatrist on its staff.
2. Each unit should be able to be self-supporting within three years after initiation of services.
3. Each unit should contain at least 10 beds.
4. Each unit should be staffed with nurses qualified or experienced in psychiatric care and should be able to comply with the Standards for Psychiatric Facilities published by the American Psychiatric Association.
5. Units should not be duplicated in any community.

ATTACHMENT XIII

SOUTH 27TH STREET PARKWAY

FEASIBILITY STUDY

PREPARED FOR:

CITY OF BILLINGS
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

PREPARED BY:

WIRTH ASSOCIATES, INC.,
AND
MOUNTAIN WEST RESEARCH, INC.

JUNE 1977

FOREWORD

This study has been prepared to analyze the social and economic implications of alternative development patterns along South 27th Street. It is essentially a comparison of a strip development and alternative parkway configurations.

The report is broken into a Summary, which follows the Foreword, six major Chapters and Appendices. The Summary is intended only as a very general overview and should be reviewed in that context.

Every effort was made to achieve broad public participation throughout the preparation of the study. Meetings were held with individual citizens, with the Technical Advisory Committee and Subcommittee, with the specially formed Citizens Advisory Group, and with the South Park Neighborhood Task Force. At each meeting the intent of the study was presented and thoughts, comments, and suggestions were solicited. Many of the ideas and suggestions were incorporated into the final report. However, final responsibility for the report contents rests with the consultants. Appendix A specifies interviews and meeting held by name and date.

SUMMARY

Conclusion

After careful analysis of the alternatives included in this study, the conclusion reached is that a mixed use Parkway be further considered for development. A mixed use Parkway provides for some commercial development within Parkway guidelines as well as Parkway development. It would maximize tax flow and provide positive social benefits to the residents of South 27th Street, to the South Park Neighborhood, and to the City of Billings.

Background

Since the 1960's the concept of a parkway along South 27th Street has been discussed. The South 27th Street Parkway would be characterized by the street as currently developed, but a contiguous park-like greenbelt would line either side of the street. The purpose of this study is to identify the development alternatives for South 27th Street; to assess the social and economic implications of those alternatives; and to suggest an implementation strategy for a recommended alternative. Because there has been controversy surrounding the parkway concept, this report has tried to maintain a completely objective stance in dealing with the potential costs and benefits of the various alternatives.

The South Park Neighborhood is one of the oldest areas of Billings. Several important activities occurring in the past few years have focused attention on the proposed Parkway project. These activities are:

- A South Park Neighborhood Task Force was established to plan for the area and to deal with issues affecting the area.

- Because of its designation as a Community Development target area, funds have been allocated to several projects in the neighborhood including lower income and elderly housing units.

- Land use priorities have been established and incorporated into a proposed land use plan. A major emphasis of the plan is to halt encroachment of commercial and industrial activities in the area and loss of the neighborhood's residential character.

- Land is being purchased along South 27th Street by developers who are considering commercial development.

Development Alternatives

The alternative developments for South 27th Street include two general possibilities: evolution of land uses without restrictions or the development of a Parkway. However, within the Parkway alternative there are really four alternatives: a greenbelt one-half block deep, a greenbelt one block deep, a greenbelt mixed with commercial uses, and finally a greenbelt mixed with commercial uses and office space. Residential development would be an integral part of each Parkway alternative.

These five alternatives are examined in detail in this report. The alternatives are numbered as follows:

Alternative I: No action, a strip development
Alternative II: Greenbelt 1/2 block deep
Alternative III: Greenbelt 1 block deep
Alternative IV: Greenbelt with mixed commercial uses
Alternative V: Greenbelt with mixed commercial and office use

The area studied is the area one block deep on either side of South 27th Street between 2nd Avenue South and 12th Avenue South.

Social and Economic Assessment

Each of the five alternatives are assessed according to certain economic and social criteria. The economic criteria are:

- Cost of acquisition
- Cost of relocation
- Cost of landscape development
- Revenue flows (property taxes)
- Road expansion implications (cost of acquisition)
- Impacts to the Billings Business Community

Summary Tables A and B illustrate both short and long-term economic returns and costs. Alternative I (Strip) shows a positive tax flow return with no public sector front-end costs. Each of the Parkway alternatives has public sector front-end costs. However, by 1985 annual tax flows under each Parkway alternative exceed annual tax flows generated by a strip. The Parkway flows are larger due to the type of development encouraged by a Parkway and land appreciation caused by a Parkway. Under Alternative IV and V cumulative revenues exceed front-end development costs well before the year 2000.

The social impacts of the different alternatives were assessed on three scales:

- Impacts to relocated persons
- Impacts to the South Park Neighborhood
- Impacts to Billings

A summary of the impacts in each category follows:

a. Impacts to Relocated Persons

With or without a Parkway, some residents of 27th Street will have to move. Property value reappraisal and growing commercial

SUMMARY TABLE OF ECONOMIC COSTS AND BENEFITS PER ALTERNATIVE -- SHORT TERM
($000)

Revenue/ Cost Alternative	Parkway Land Purchase Costs	Relocation Costs 1/	Parkway Landscape Development Costs	Estimated Tax Revenue Flows From Commercial Development 1978-1985	Tax Flow Increase Due to Parkway Residential Development 1978-1985	Tax Flow Decrease Due to Strip 1978-1985	Road Expansion Costs: Land Acquisition
I	-0-	-0-	-0-	$1,124	-0-	($30)	($252.) 2/
II	(3,243)	(713)	(1,006)	-0-	1,244	n/a	-0-
III	(4,779)	(1,708)	(1,692)	-0-	1,244 5/	n/a	-0-
IV	(2,030)	(713)	(715)	696 3/	1,244	n/a	-0-
V	(2,030)	(713)	(715)	980 4/	1,083	n/a	-0-

1 Relocation costs could be reduced through the use of lifetime tenancy procedures.

2 This probably will not occur until after 1990 unless traffic flows increase faster than current city projections and may not occur at all if a couplet were developed.

3 This is the tax flow over the period 1978-1985 from the 20 commercial sites incorporated into the Parkway.

4 This is the tax flow over the period 1978-1985 from the 20 commercial sites and the two office half blocks incorporated into the Parkway.

5 This assumes multi-family residential development in areas adjacent to Parkway.

NOTE: -All figures are in 1977 dollars in order to assure comparability and to provide a constant base.
-No attempt was made to forecase inflation rates.
-n/a = not applicable
-Figures in parentheses indicate costs.
-Procedures used to determine tax flows and costs are discussed in detail in the report.

SOURCE: Mountain West Research, Inc.

SUMMARY TABLE B

TAX FLOWS, COSTS, AND NET RETURNS (COSTS)
($000)

Year	Tax Flow Revenue in 1985 (and Annually Thereafter)	Cumulative Revenue 1978-2000	Puhblic Sector Front-End Development Costs 1/	Net Public Sector Return or (Cost)
Alternative				
I	$179.	$3,809.	-0-	$3,809.
II	180.	3,944.	($4,962.)	(1,018.)
III	180.	3,944.	(8,179.)	(4,235.)
IV	270.	5,990.	(3,458.)	2,532.
V	291.	6,428.	(3,458.)	2,970.

1) See Summary Table A, first three columns.

SOURCE: Mountain West Research, Inc., Calculations.

activity are placing increasing pressure on residents to relocate. The primary difference is that, if the city acquires the land, it is recommended here that residents be given an option to remain in their current homes through a life-time tenancy option which could be built into the plan. If they choose to move they will receive both financial assistance and guidance in their efforts to find new housing. No such assurance can be made under a strip development.

b. Impacts to South Park Neighborhood

A strip development on South 27th Street would encourage deterioration of adjacent areas through decrease in property values and would increase the separation of the neighborhood by the commercial corridor. A strip would have severe negative impacts on the elderly and low-income housing to be constructed in the area and would possibly void the public investment made in them. A Parkway, in contrast, would increase adjacent residential property values, encourage improvements in current dwelling units and development of new units, and would aid in unifying the neighborhood. A Parkway would increase the quality of life for persons in the elderly and low-income housing units and supplement the city's investment in the area.

c. Impacts to Billings[1]

A strip commercial development and a Parkway would have opposite effects on the community of Billings. A strip would tend to drain investment and consumer money from the Central Business District (CBD), discourage revitalization of the south CBD area, and present an unattractive first impression to visitors using 27th Street as an entrance from the Interstate. A Parkway, however, would tend to revitalize the south CBD area, encourage use of the CBD area, and present an attractive first impression to visitors. The citizens of Billings are the ultimate recipients of any upgrading to any areas of the City.

Recommendations and Implementation Strategy

Based on the analysis and the findings in this report, it is recommended that a mixed use Parkway be further considered for development. A mixed use Parkway maximizes the tax flow and results in positive social benefits to the residents of South 27th Street, to the South Park Neighborhood, and to the City of Billings. It also allows for some commercial development and thus does not penalize those businessmen seeking to invest in the area.

[1] - Based on discussion with various Billings business people and upon review of relevant literature. See parts V-A and C of the report and Appendix A.

If the recommendation to develop a Parkway is endorsed, interim zoning should be applied to the South 27th Street area and a detailed Action Plan prepared. The Action Plan would consist of detailed administrative, economic, physical, relocation, acquisition and staging studies with the emphasis on developing procedures to encourage the recommended land use in the area; preparing a realistic funding program; establishing appropriate organizational and management structures; and preparing preliminary designs and layouts to accommodate the optimal land use mix.

Completion and endorsement of an Action Plan would result in actual implementation including funding, land use options and purchases, and the beginning of phased construction.

APPENDIX A

I. Persons Interviewed

II. Meetings Attended

III. Literature Reviewed

I. PERSONS INTERVIEWED

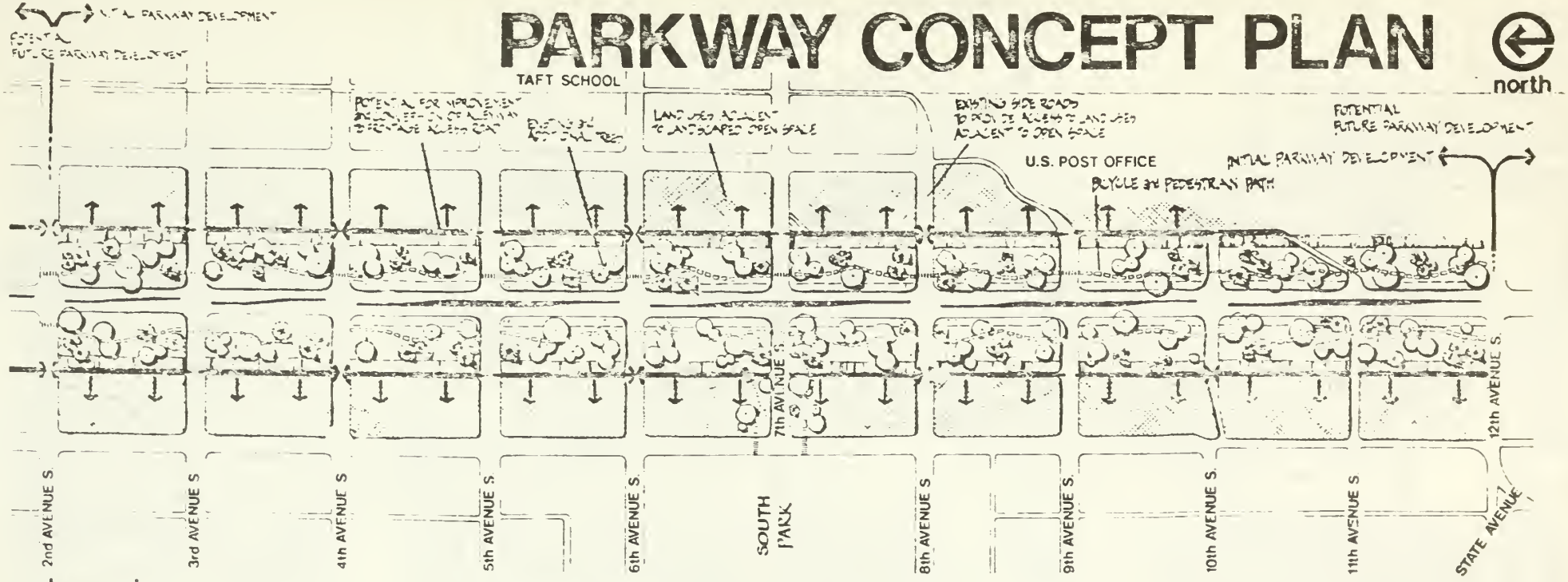
NAME	TITLE	DAY OF CONVERSATION
Lloyd Babb	County Appraiser	4/22/77
Norma Barnett	Manager, Spaghetti Depot	4/21/77
Jack Besso	Assistant Manager, Billings Chamber of Commerce	4/20/77
John Bohlinger	Chairman, Mayor's Downtown Redevelopment Committee	4/22/77
Robert Cervero	Transportation Planning Director Billings-Yellowstone City-County Planning Department	4/22/77
Steve Davis	Realtor	4/21/77
Paul Ducharme	Realtor	4/21/77
Jack Harris	Realtor	4/21/77
John Ireland	Director, Billings Chamber of Commerce	4/20/77
Lucille Mills	Member, Billings Landmarks Committee Member, Billings City Council	4/21/77
H.Thomas Llewellyn	Realtor	4/21/77
Jim Reger	President, Downtown Property Owners Association	4/20/77
Curtis Phipps	Independent Appraiser	4/22/77
Mike Spelman	Owner, Mike Spelman Jewelers	4/21/77
Peter Yegen, Jr. Peter Yegen, III Charles Yegen	Realtors	4/21/77

II. MEETINGS ATTENDED

ORGANIZATION	DATE
Citizens Advisory Group	4/21/77
South Park Neighborhood Task Force	4/21/77
Technical Advisory Committee	4/26/77
Technical Advisory Committee	5/24/77
Technical Advisory Committee	6/30/77
Technical Advisory Committee Subcommittee	6/28/77

PARKWAY CONCEPT PLAN

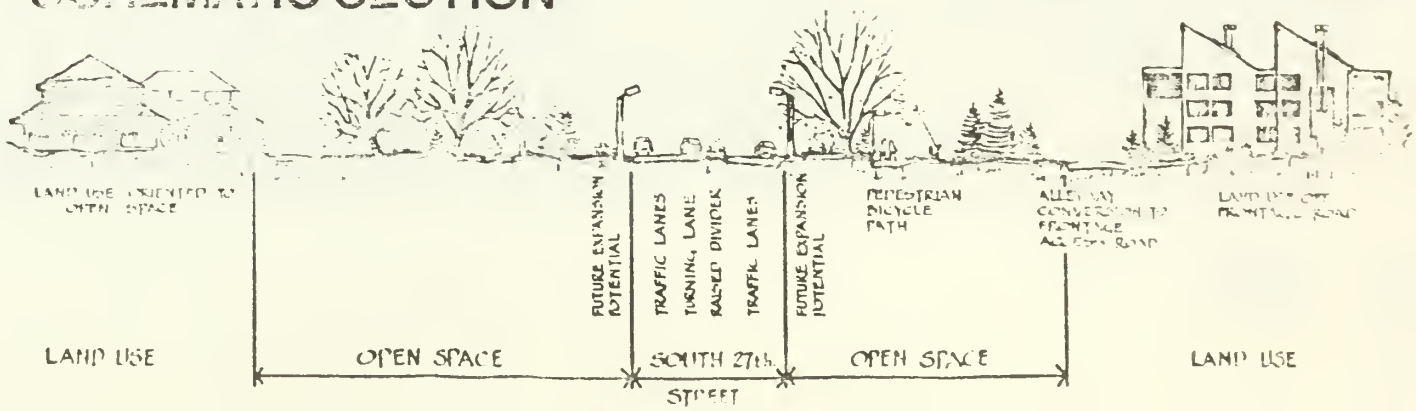
north



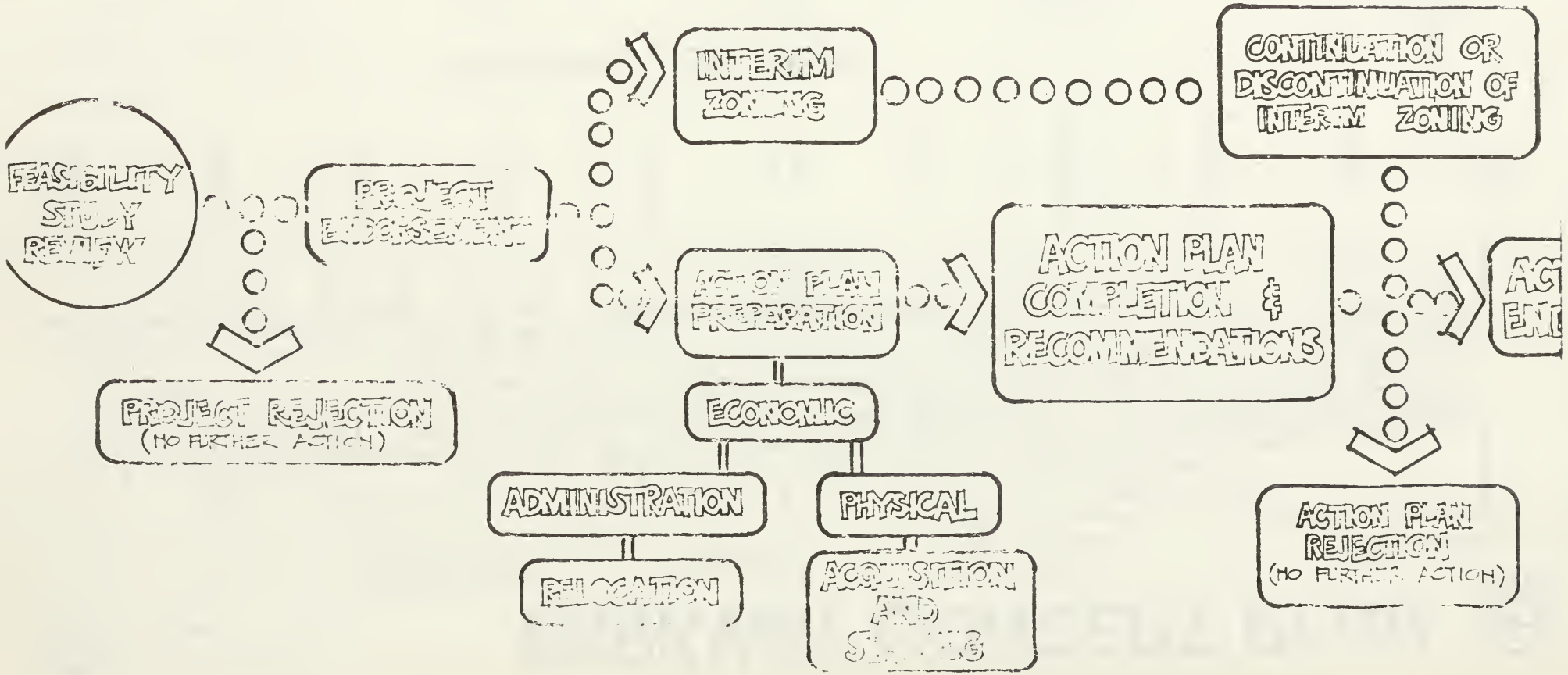
Legend

- 100 FEET + - LANDSCAPED OPEN SPACE
- EXISTING and ADDITIONAL TREES
- PEDESTRIAN BICYCLE PATHS
- CROSS WALKS
- LANE EXPANSION POTENTIAL FOR FUTURE NEEDS OF S 27th STREET
- ALLEYWAY CONVERSION TO FRONTAGE ACCESS ROADS
- LAND USE FRONTING ON OPEN SPACE
- LAND USE ADJACENT TO OPEN SPACE

SCHEMATIC SECTION



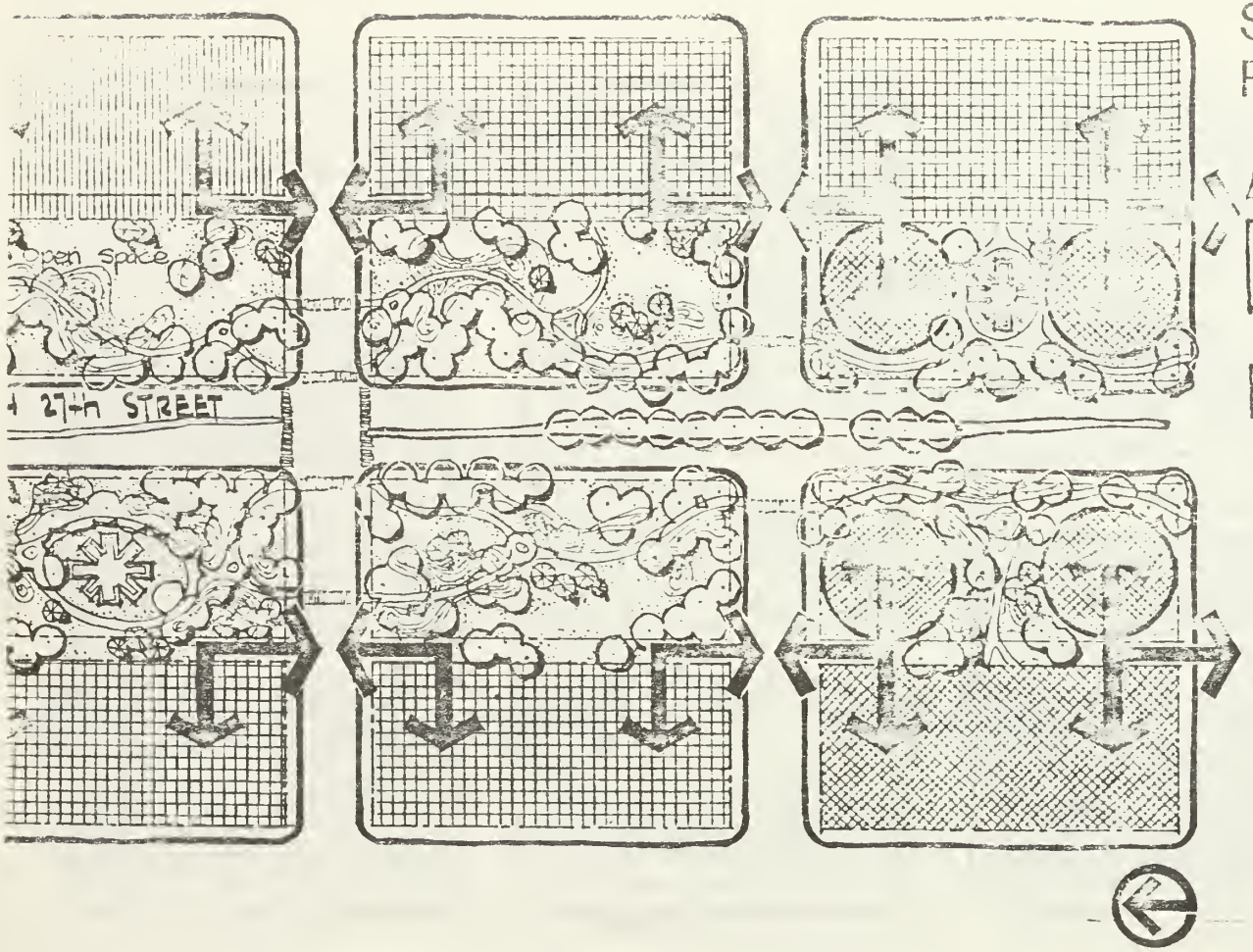
IMMEDIATE ACTION



6 WEEKS TO 2 MONTHS

6 MONTHS

SOUTH
FEASI
MIX
PLAN
LEGE
SOUTH 27th STREET



SOUTH 27th STREET PARKWAY FEASIBILITY STUDY

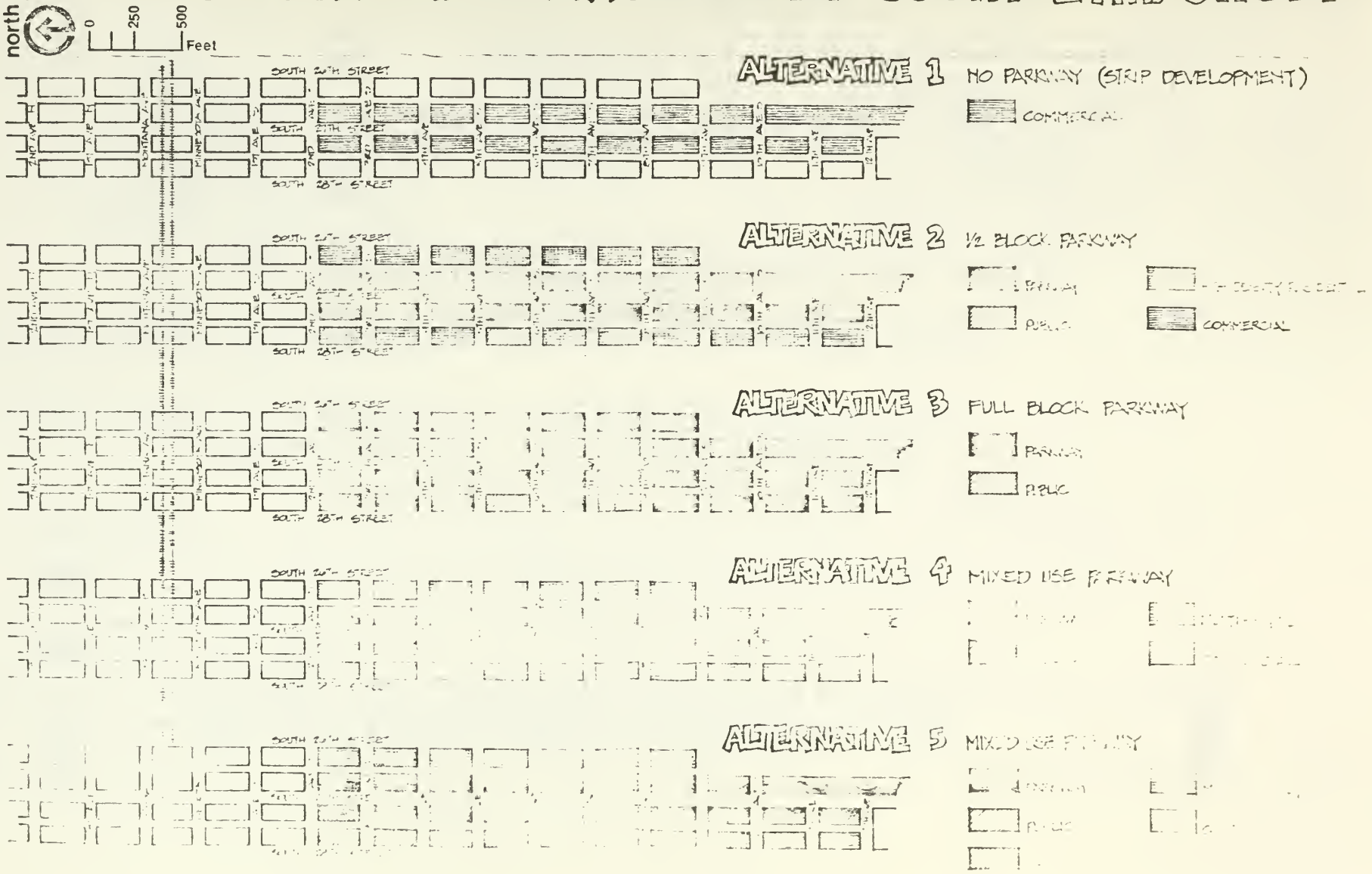
Billings, Montana

MIXED LAND-USE PARKWAY CONCEPT

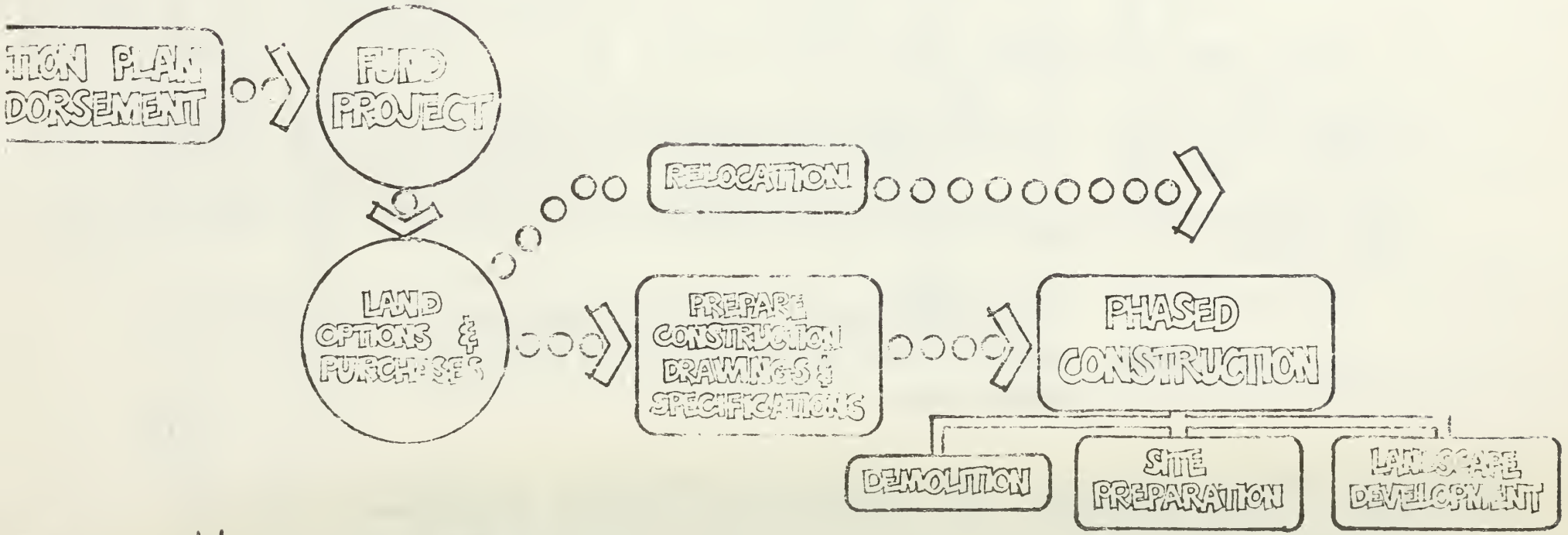
LEGEND:

- HIGH DENSITY RESIDENTIAL
- PUBLIC
- OFFICE
- COMMERCIAL
- ALLEY/WAY CONVERSION TO ACCESS ROUTES
- CROSSWALKS
- PEDESTRIAN & BICYCLE PATHS
- EXISTING or PROPOSED TREES
- PLAYGROUND (TOT-LOT)
- SCULPTURED EARTH MOUNDS

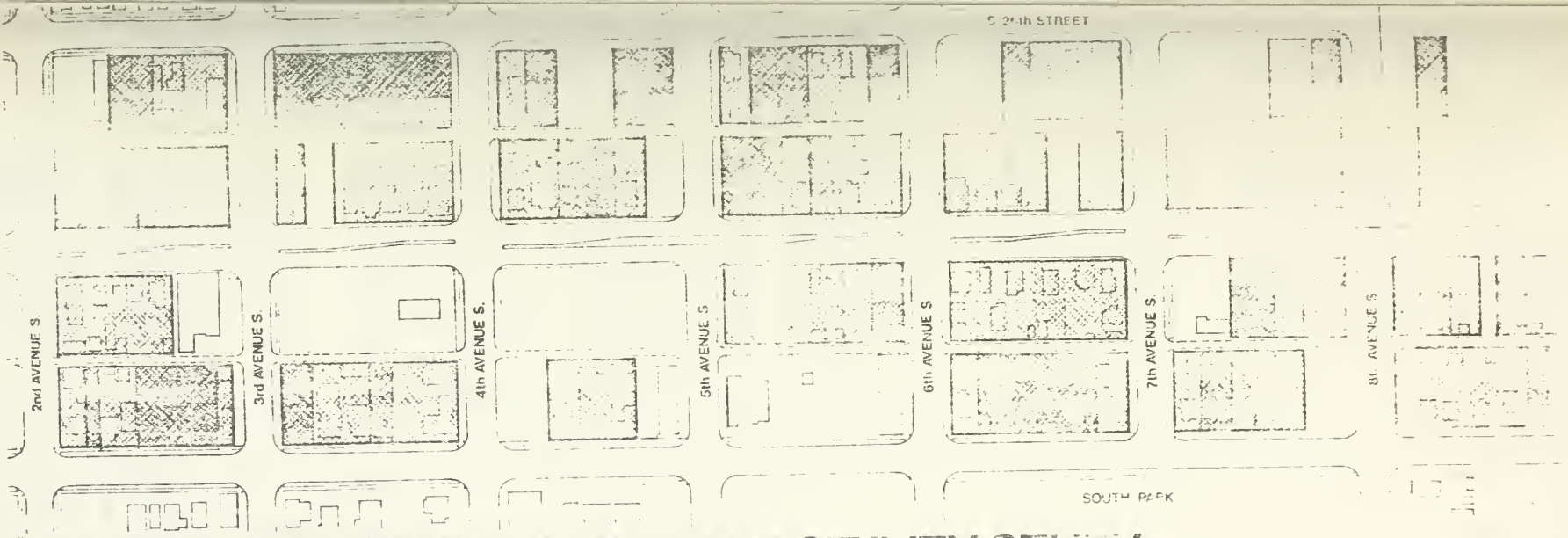
DEVELOPMENT ALTERNATIVES for SOUTH 27th. STREET



IMPLEMENTATION



ON GOING



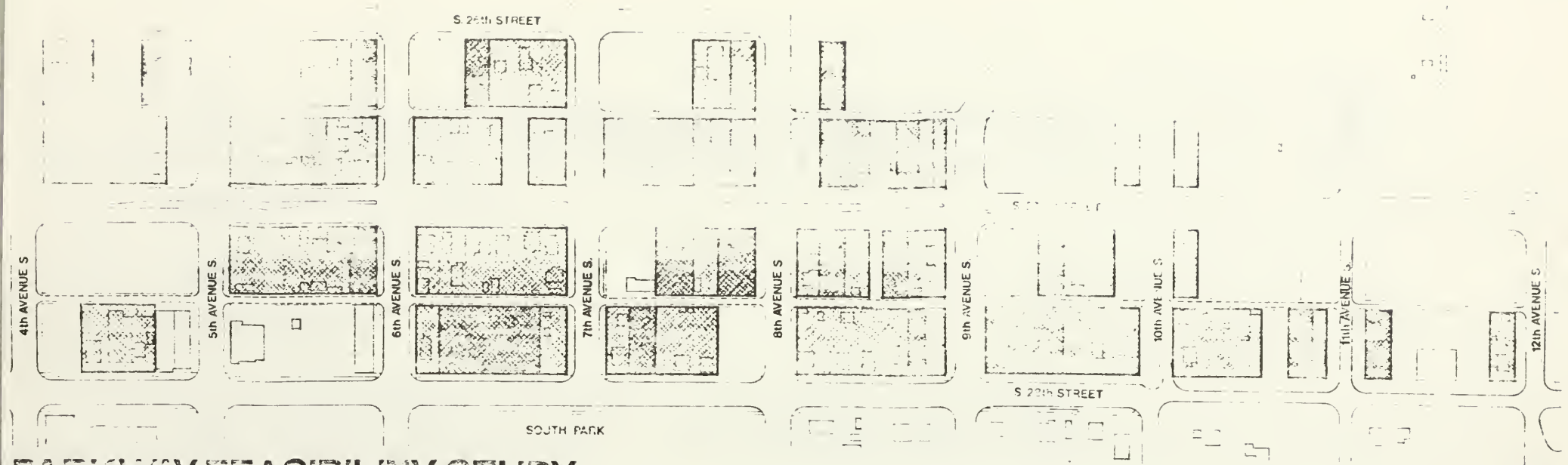
SOUTH 27th STREET PARKWAY FEASIBILITY STUDY

Billings, Montana

RESIDENTIAL OWNERSHIP

LEGEND:

- OWNER - OCCUPIED
- RENTER OR LESSEE
- NON-APPLICABLE (NON RESIDENTIAL)



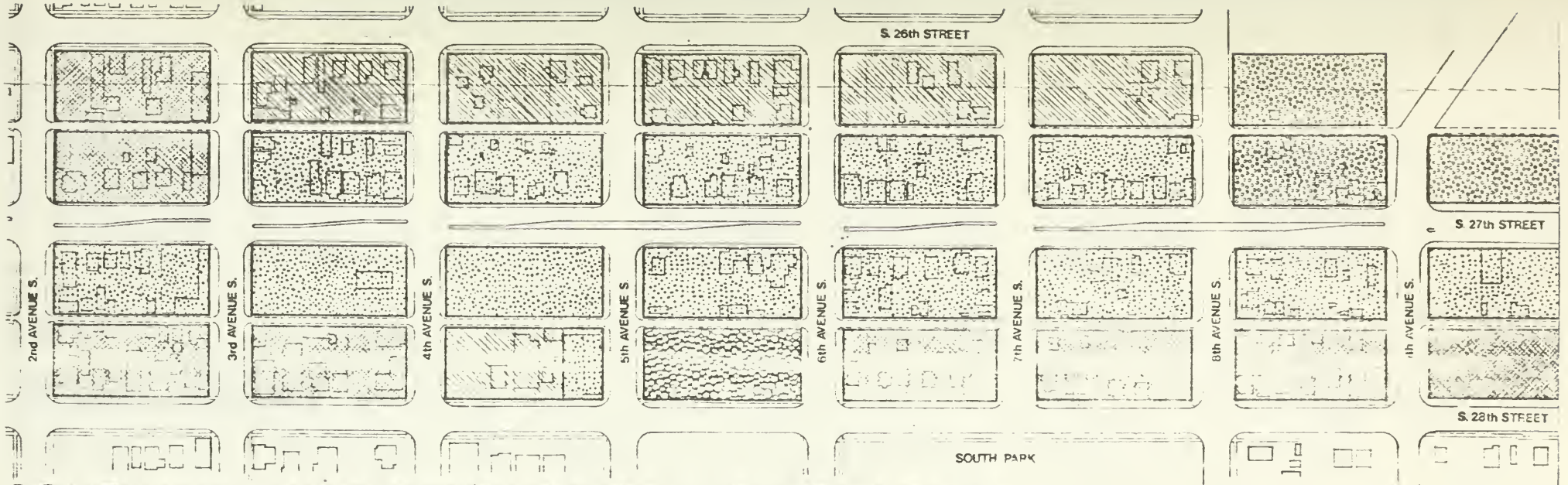
PARKWAY FEASIBILITY STUDY
Billings, Montana

0 50 100 200 300 400
Feet

north

AL OWNERSHIP

RESIDENTIAL)



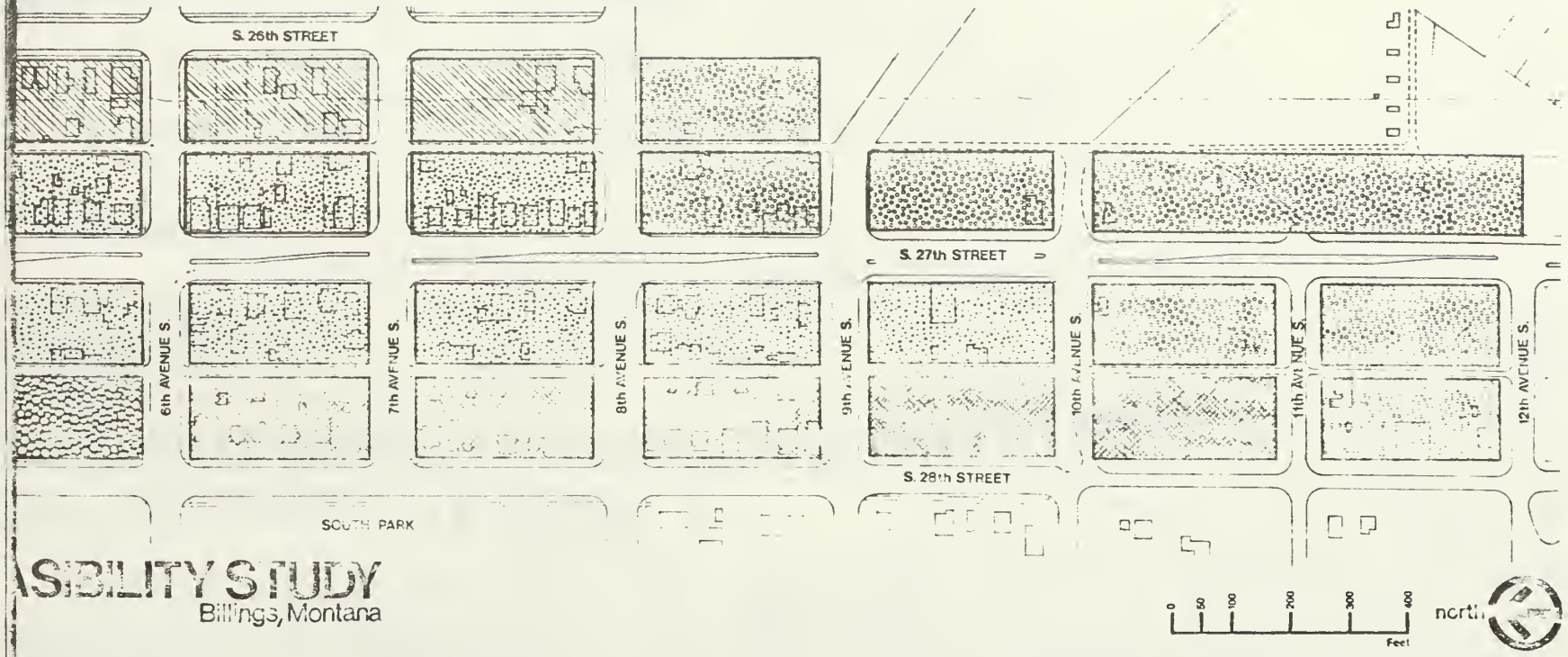
SOUTH 27th STREET PARKWAY FEASIBILITY STUDY

Billings, Montana

ZONING

LEGEND :

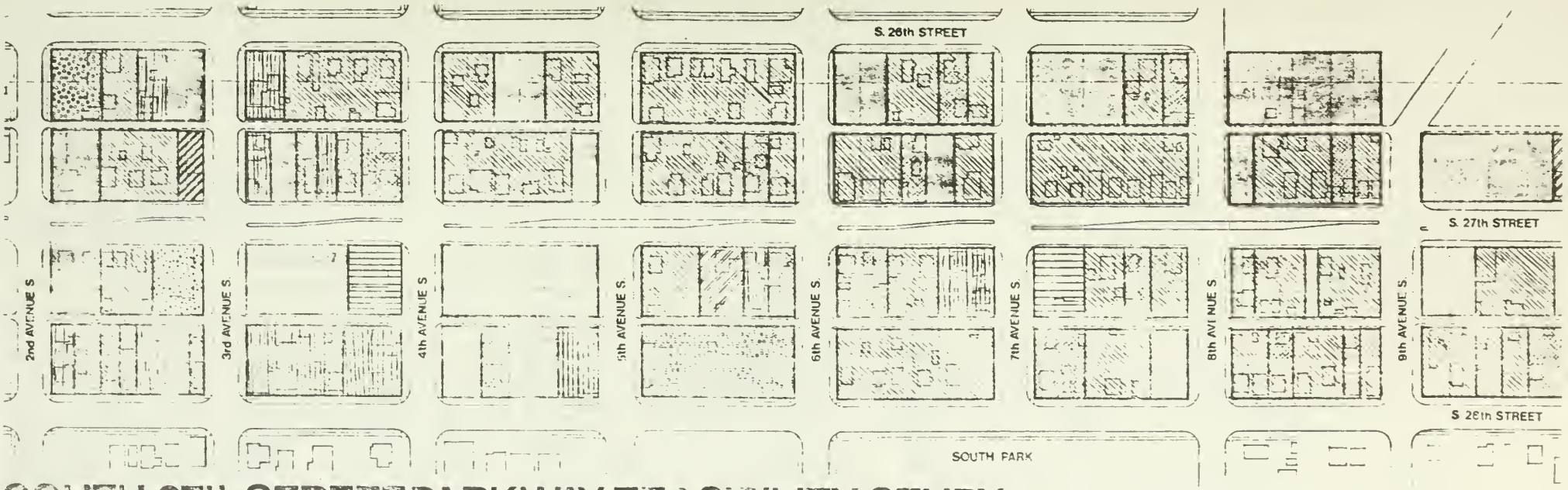
- RESIDENTIAL 6000
- RESIDENTIAL MULTI-FAMILY (RESTRICTED)
- RESIDENTIAL MULTI-FAMILY
- COMMUNITY COMMERCIAL
- HIGHWAY COMMERCIAL
- PUBLIC



ASIBILITY STUDY
Billings, Montana

UNITY

Y COMMERCIAL



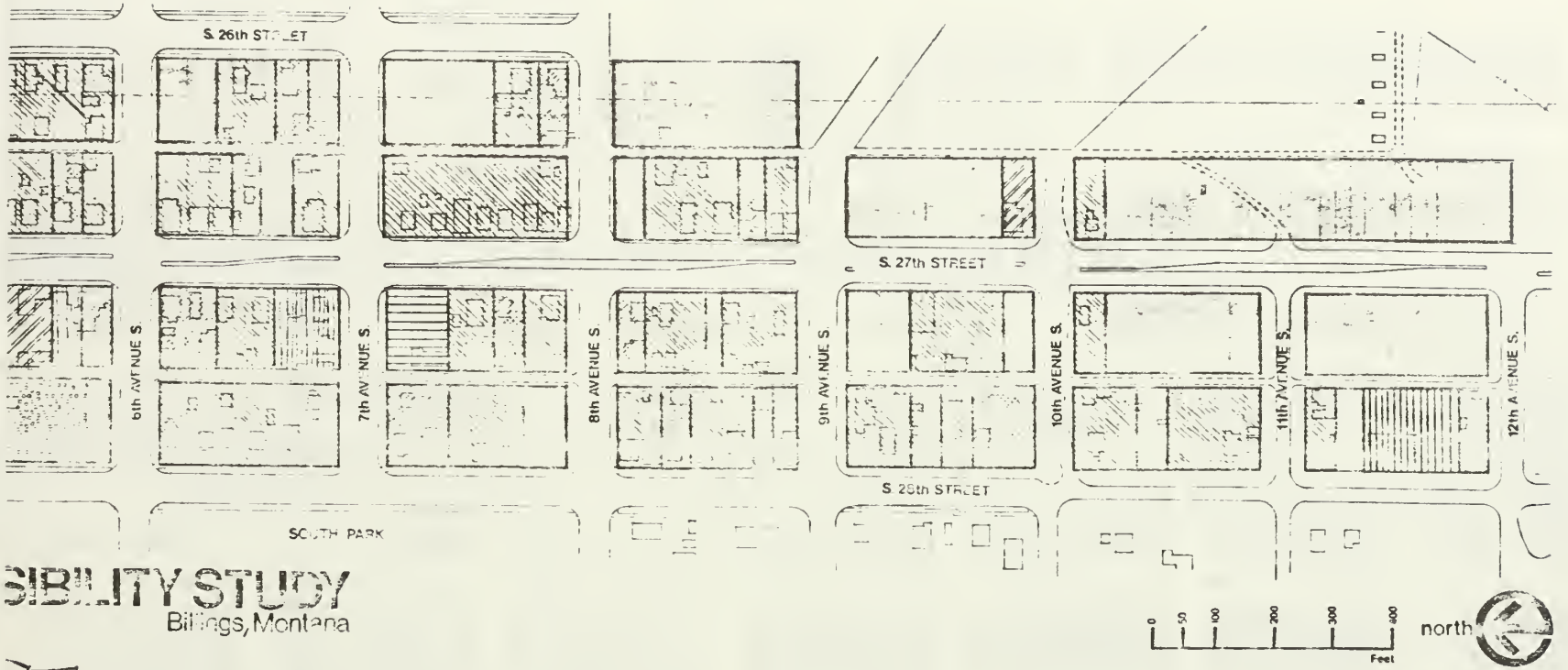
SOUTH 27th STREET PARKWAY FEASIBILITY STUDY

Billings, Montana

EXISTING LAND USE

Legend:

- SINGLE FAMILY
- MULTIPLE DWELLING
- PUBLIC BUILDING
- VACANT BUILDING
- TWO FAMILY
- BOARDING & ROOMING HOUSE
- SHOPPING
- VACANT URBAN LAND
- THREE - FOUR FAMILY
- CHURCH
- CIVIC COMPLEX



SIBILITY STUDY

Billings, Montana

PUBLIC BUILDINGS

SHOPPING

VACANT BUILDING

VACANT URBAN LAND

ATTACHMENT XIV

November 18, 1981

Al Thelen
City Manager
P.O. Box 1178
Billings, MT 59103

Dear Mr. Thelen:

This letter is confirmation of our phone conversation in which I accepted on behalf of the Department a 1½ block parcel on South 27th for construction of the Children's Treatment Unit.

This 1½ block parcel should include all of Block 227 which borders South 27th on the East and the North ½ of Block 228. It is my understanding that South 26th will be closed the length of the block and also deeded to the State. Utilities currently in the alley of Block 227, where necessary, will be rerouted to the 26th Street location. The 26th Street area will be left accessible for the maintenance of the utilities. Where required the State will assume the cost of relocating utilities from the alley of Block 227 to South 26th.

Our acceptance is based upon city water and sewer services being available, sized properly to accommodate the facility, and accessible to the site.

As per our phone conversation, the setback requirement would be 60 rather than 100 feet.

Landscaping specifications, as required by your 27th Street plan, will be met by the State. We will also make every effort to provide unskilled jobs to those individuals in your low income areas.

I am not prepared to make any commitment on the fourth suggested requirement contained in the letter of November 9 from Thomas Moss. We are all cognizant of the fact that such a requirement would have political ramifications and will require considerable deliberation on our part.

If this letter does not satisfactorily provide the commitment and information you desire, please call me.

Sincerely,

CARROLL V. SOUTH
Director

CVS:jw

cc: Phil Hauck
Harrison Fagg
Jim Straw
City County Planning Board

ATTACHMENT XV

Saint
Vincent
Hospital

1233 North 30th Street
P O Box 2505
Billings, Montana 59103
406-657-7000

February 11, 1982

John P. Casey, Hospital Administrator
Mental Health & Residential Services Div.
Department of Institutions
1539 11th Avenue
Helena, Montana 59620

Dear Mr. Casey:

I understand that the Department of Institutions is planning to construct a 60 bed long term psychiatric unit for children and adolescents which will be built in Billings. I would like to lend my support toward this endeavor.

I am very pleased that the facility will be in Billings since it is the largest medical community in Montana and should be able to offer a variety of services for the patients. Since Saint Vincent Hospital cares for the majority of pediatric patients, we would be happy to share these services with the new facility and would avoid costly duplication of professional staff and equipment.

Please know that I endorse this project and will be happy to assist in any way possible.

Very sincerely,

Sister Michel
Administrator

SM/gl



South Central Montana Regional
MENTAL HEALTH CENTER

1245 N. 29th
Billings, Montana 59101
Ph. (406) 252-5658

January 20, 1982

John P. Casey, Hospital Administrator
Mental Health & Residential Services Division
Department of Institutions
1539 Eleventh Avenue
Helena, Montana 59620

Dear Mr. Casey:

The need for more psychiatric hospital beds for children and adolescents in Montana is evident from the numbers on the waiting list for Warm Springs, in other facilities inappropriately, and identified in communities who either go out of state or are not served adequately.

The legislature took a major positive step in mandating that more beds be provided and that they be provided in Billings where specialized staffing, community support programs including a variety of educational alternatives, and absorption into the mainstream of community life are available.

Therefore, I am pleased to give unqualified support to the Certificate of Need application for the facility.

Sincerely,

Bryce G. Hughett, M.D.
Regional Mental Health Director

BGH:jc

February 2, 1982

Mr. John P. Casey
Hospital Administrator
Mental Health & Residential
Services Division
Dept. of Institutions
1539 11th Avenue
Helena, MT 59620

Dear Mr. Casey:

On behalf of the Billings Deaconess Hospital, I am pleased to write this letter of support for a certificate of need to construct a 60 bed long term psychiatric unit for children and adolescents in Billings. It is my understanding that this facility will replace the existing unit of 30 beds now located at Warm Springs State Hospital.

We not only endorse the development of this center in Billings but will do all that we can to give our professional support of the Deaconess staff, as well as the medical staff, to assure that this unit is a success.

Please contact me if I can be of further assistance to you in this important endeavor.

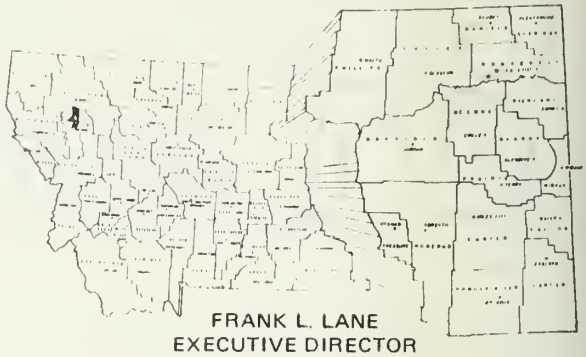
Very truly yours,

Robert F. Willner, D.Min., FACHA
President

JAN 1982

EASTERN MONTANA MENTAL HEALTH CENTER

REGIONAL ADMINISTRATIVE OFFICE
BUSINESS AND STATISTICAL OFFICE
1819 Main Street
Miles City, Montana 59301
Ph. 232-0234



FRANK L. LANE
EXECUTIVE DIRECTOR

January 2, 1982

Department of Institutions
State of Montana
1539 Eleventh Avenue
Helena, Montana 59620

Attention: John P. Casey, Hospital Administrator
Mental Health & Residential Services Division

Dear Jack:

I am pleased to write in support of the Children's Treatment Unit to be located in Billings.

We are in support of this Certificate of Need for two reasons:

1. The expansion of the number of beds available for the treatment of severely mentally ill children is a positive step. It is my understanding that there is a waiting list at the Warm Springs Children's Unit.

2. The placement of the new unit in Billings will make this service more accessible to citizens of Eastern Montana. Working with children is better accomplished by working with families and a more central location will make that possible.

Again, we are pleased to support his Certificate of Need.

Sincerely

Frank L. Lane

Frank L. Lane
Executive Director

FLL/lg

Northcentral Montana Community
Mental Health Center

Region II Administrative Offices
2307 Eleventh Avenue South
P.O. Box 3048
Great Falls, Montana 59403
Phone: 727-2991

Clinical Offices
Holiday Village Shopping Center
P.O. Box 3048
Great Falls, Montana 59403
Phone: 761-2100

January 25, 1982

John P. Casey, Hospital Administrator
Mental Health & Residential Services Division
1539 11th Avenue
Helena, MT 59620

Dear Jack:

With the building of a 60-bed long-term psychiatric unit for children in Billings, the need for more care for children and youth will be met in the State of Montana. We at the Mental Health Center support the building of this facility.

Sincerely yours,

Evan S. Crandall
Director

ESC/sc

REGION II MENTAL HEALTH BOARD OF DIRECTORS

Wesley C. Maddox, Chairman, Commissioner — Blaine County
Marvin S. Cheek, Vice Chairman, Commissioner — Liberty County
Myron A. Wheeler, Secretary-Treasurer, Commissioner — Teton County
Richard Gasvoda, Commissioner — Cascade County
Donald Koepke, Commissioner — Glacier County
Arthur H. Rembo, Commissioner — Hill County
Leonard C. Johnson, Commissioner — Pondera County
John G. Nesbo, Commissioner — Toole County

Blackfeet Home Health Service
P.O. Box 866
Browning, Montana 59417
(406) 338-7317



January 14,1982

John P. Casey,Hospital Administrator
Mental Health & Residential Services
Division

Dear Mr. Casey:

I recieved your letter of January 12, 1982 explaining the plans to constuct the psychiatric unit for children and adolscents in Billings. I do not have any statistics at hand to indicate the need for Mental Health services as we are primarily a nursing unit.

I do however, know that we have some seriously,emotionally disturbed youths here on the reservation as I am sure elsewhere in Montana. I feel it is the responsibility of the state of Montana to address the needs of children.

I hope with the building of this 60 bed long term psychiatric unit a full range of services will made available, appropiately geared to the needs of children at diffrent stages of development. We here on the Blackfeet reservation definitely support the mentally ill of Montana.

Thank you for you attention.

Sincerely,
Mary Vielle
Mary Vielle,R.N. Director
Blackfeet Home Health Service

MV/cdr

PRESENTATION SISTERS

HOLY ROSARY HOSPITAL

MILES CITY, MONTANA 59301

PHONE: (406) 232-2540



January 25, 1982

Mr. John P. Casey, Administrator
Mental Health and Residential Services Division
Montana Department of Institutions
1539 11th Avenue
Helena, Montana 59601

Dear Mr. Casey:

Please regard this letter as support for the construction of the 60 bed psychiatric unit for children and adolescents being proposed for construction in Billings. I have had personal experience working with families who needed the type of service being proposed, and ultimately we were less than satisfied with what was being offered at Warm Springs.

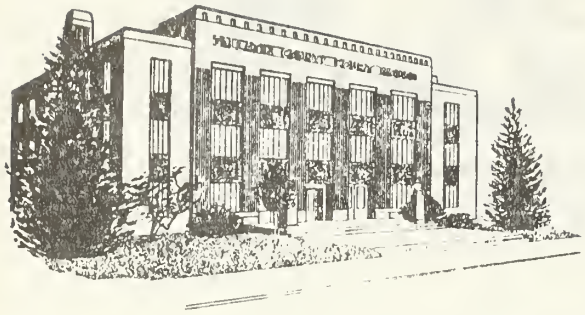
Access to the services available through the Billings mental health center, the resources of Eastern Montana College and the medical community of the area will provide the proposed center much more appropriate service than what can be offered at our state hospital.

If I can be of further support, please do not hesitate to contact me.

Sincerely yours,

Bob G. Zadow, M.S., Director
Family Services/Community Relations

BGZ/ac



State of Montana

COUNTY OF GALLATIN

Bozeman

Gallatin County Health Department
Room 103, Courthouse
Bozeman, Montana 59715

January 18, 1982

Mr. John P. Casey,
Hospital Administrator
Mental Health & Residential
Services Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59620

Subject: Certificate of Need-Pediatric Long Term Psychiatric Unit for Children and Adolescents in Billings Montana.

Dear Mr. Casey:

I am writing to protest the establishment of a long term psychiatric unit in Billings for children and adolescents. The reason for this protest is that relocating the facility from Warm Springs to Billings seems to me to be a violation of the spreading of the unit services into local areas of the clients residence. In my judgement, the establishment of a 60 bed unit in Billings is simply a reestablishment of the Warm Springs State Hospital philosophy.

If we are truly to see a deinstitutionalized policy for the care of psychiatric illness in the State of Montana, it would be far superior to establish 15 beds in Billings, Great Falls and Missoula and 5 or 6 beds in Kalispell, Helena, Bozeman and Miles City.

Thank you for your help and attention to this matter. This letter is submitted in protest to the Certificate of Need Allocation for Billings.

Sincerely,

Edward L. King, MD
Gallatin County Health Officer

ELK/lap

SOUTHWEST MONTANA
MENTAL HEALTH CENTER

Butte Satellite
225 S. IDAHO
BUTTE MT 59701
723-5489

Anaconda Satellite
1ST SECURITY BANK ROOM 202
ANACONDA MT 59711
563-3413

Dillon Satellite
STATE BANK BUILDING ROOM 7
DILLON MT 59725
683-2200

ADMINISTRATIVE OFFICE
801 North Last Chance Gulch
Helena, Montana 59601-9990
442-0310

DAVID W. BRIGGS, MSW
EXECUTIVE DIRECTOR

Helena Satellite
512 LOGAN
HELENA MT 59601
442-0640

Livingston Satellite
PARK COUNTY COURTHOUSE
BOX 119
LIVINGSTON MT 59047
222-3332

January 14, 1982

John P. Casey, Hospital Administrator
Mental Health and Residential Services
Department of Institutions
1539 11th Avenue
Helena MT 59620

Dear Mr. Casey:

This letter is an expression of my strong support for the proposed 60 bed long-term psychiatric unit for children and adolescents. The present facility at Warm Springs State Hospital cannot meet the current demand for a facility for youth in need of institutional care, as illustrated by the long waiting list. Projected future needs for a facility of this type warrant its construction now.

The work that is being done by the staff of the present children's unit in a marginally adequate facility is indeed praiseworthy. Our impressions have been that the staff is thoroughly competent and highly professional. I hope that the same high quality work and professionalism can be maintained within the new setting.

Should there be any other information or help I might be able to give, do not hesitate to contact me. I certainly consider the proposed psychiatric unit of the highest priority within the scope of the needs of mentally ill in Montana.

Sincerely,

DAVID W. BRIGGS, MSW
Executive Director

cc

REGIONAL BOARD OF DIRECTORS

BILL WARFIELD, CHAIRMAN, PARK COUNTY
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Mental Health Association of Montana

A Division of the national Mental Health Association
State Headquarters
201 South Last Chance Gulch
Helena, Montana 59601
(406) 442-4276

February 4, 1982

Mr. Jerry Hoover, Acting Administrator
Mental Health and Residential Services
Dept. of Institutions
1539 Eleventh Avenue
Helena, MT 59601

Dear Mr. Hoover:

The Mental Health Association of Montana strongly supports the building of a facility for emotionally disturbed children. We feel that the building of such a facility in Billings would fill a dire need of a presently unserved population.

We pledge our support in this project and hope the people of Montana will also support this vitally needed facility.

Sincerely,

Joy Wicks
PRESIDENT

JW/lg

DEVELOPMENTAL ASSESSMENT SERVICES

Case Coordinator
Nurse Practitioner

Occupational Therapist
Physical Therapist

Psychologist
Speech/Language Pathologist

Larry Roberts, Director
(406) 365-6031

Glendive Medical Arts Center
Glendive, Montana 59330

JAN 15 1982

January 14, 1982

John P. Casey
Hospital Administrator
Mental Health & Residential Services Division
1539 11th Ave.
Helena, Montana 59620

Dear Mr. Casey:

We support the 60 bed long term psychiatric unit for children and adolescents. We feel that often times adequate facilities have not existed for temporary psychiatric care. Private care units such as Yellowstone Boys Ranch, have placed financial demands upon school districts and public agencies. The need for a state operated psyciatric unit for adolescents is of prime importance. The need is critical.

Sincerely,

Larry Roberts

Larry Roberts
Director

LR:pz

MONTANA DEACONESS MEDICAL CENTER

January 19, 1982

John P. Casey
Hospital Administrator
Mental Health & Residential
Services Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

Dear Mr. Casey:

I am responding to your letter of January 12, 1982, requesting a letter of support for your Certificate of Need application for a new 60-bed, long-term psychiatric unit for children and adolescents in Billings. Montana Deaconess Medical Center would like to go on record as supporting this application.

As we are all aware, more facilities need to be available for children and adolescents in the areas of psychiatric care. I am pleased to see that the new unit will be double the existing unit of 30 beds located at Warm Springs State Hospital. I believe this is a step in the right direction, although the unit is to be relocated in Billings.

Once again, Montana Deaconess Medical Center supports this project. Should we be able to be of further assistance to you, please do not hestitate to contact me..

Sincerely,

David R. Cornell
Administrator

DRC:jb

1101 - 26th Street So., Great Falls, MT 59405 • 761-1200

western montana regional community
MENTAL HEALTH CENTER

T12--Fort Missoula
Missoula, Montana 59801

January 14, 1982

John P. Casey, Hospital Administrator
Mental Health & Residential Services
Division
1539 11th Avenue
Helena, Montana 59620

Dear Mr. Casey:

Receipt is acknowledged of your January 12 letter in which you solicit this Center's support for the construction of a 60 bed facility for the treatment of children and adolescents to be constructed in Billings.

As the Director of a comprehensive mental health center, I am keenly aware of the paucity of services available for children in this state. I have been aware of significant expenditures to finance treatment programs for Montana children in facilities outside of Montana and have long felt that both the children and the state would be far better off if we had appropriate instate facilities. I am happy to lend my support to the construction of an inpatient facility.

You should be aware of the fact that I continue to be opposed to the site which has been selected feeling that the location in Billings is based upon political rather than program concerns. A review of existing facilities as well as population centers would clearly support the location of a facility in western rather than eastern Montana.

I do feel that the facility is needed, however, and support HB666.

Sincerely,

G. Clark Anderson

G. Clark Anderson, MSW
Administrative Director

GCA:lrk

PHYSICAL THERAPY CENTER

715 Kensington
Missoula, Montana 59801

406-543-4890

PHYLLIS A. BAGLEY
Physical Therapist

January 15, 1982

John P. Casey, Hospital Administrator
Mental Health & Residential Services Division
Dept. of Institutions
State of Montana
1539 11th Ave.
Helena, Mont. 59620

Dear Mr. Casey:

I received your letter of January 12, 1982, requesting a letter of support for a facility to be constructed for long term psychiatric care for children and adolescents in Billings. I support this project wholeheartedly and feel this is a step closer to providing the special care required to meet the psychiatric and emotional needs of the young people so afflicted in Montana.

I am no longer the Administrator of the Missoula Rehabilitation Center but am in private practice. The Missoula Rehabilitation Center no longer exists but has become a department of Missoula Community Hospital. However, if you contact Mr. Grant Winn, Administrator of Missoula Community Hospital, he may be willing to also write a letter of support for this project.

Best wishes in your endeavor.

Yours Truly,

Phyllis A. Bagley
Physical Therapist

CITY-COUNTY HOME HEALTH AGENCY
1635 STUART AVENUE
BUTTE, MONTANA 59701
TELEPHONE 723-3282

January 14, 1982

John P. Casey, Hospital Adminstrator
Mental Health & Residential Services Division
1539 11th Avenue
Helena, MT 59620

Dear Mr. Casey:

Thank you for your letter informing us of your plans to apply for a Certificate of Need for relocation and expansion of the Long Term Psychiatric Unit for children and adolescents.

I have always felt there was a need for expanded care for this specific group of psychiatric patients and I am in full support for approval of the Certificate of Need. There is an increasing need for psychiatric care of adolescents and children and I feel this is a positive approach to meeting this goal.

Sincerely,

Karen Hinick

Karen Hinick, R.N.
Director

KH:is

West Mont Community Care, Inc.
443-4140
530 North Ewing
Helena, Montana 59601

January 18, 1982

John P. Casey
Hospital Administrator
Mental Health & Residential
Services Division
1539 - 11th Ave.
Helena, Montana 59601

Dear Mr. Casey:

It is my understanding that you are in the process of preparing a certificate of need for a 60 bed long term psychiatric unit for children and adolescents.

West-Mont is a strong supporter of any move that promotes community base services. It also supports decentralization. It would appear to me that this facility in Billings will be a step in this direction.

Wishing you much success in your new venture. You have our full support.

Sincerely,

S. Elizabeth

Sister Elizabeth Henry
Administrator

SEH/im

ATTACHMENT XVI

HOUSE BILL NO. 666
MONTANA SESSION LAWS 1981

AN ACT TO APPROPRIATE MONEY FOR CAPITAL PROJECTS FOR THE BIENNIUM ENDING JUNE 30, 1983; PROVIDING FOR OTHER MATTERS RELATING TO THE APPROPRIATIONS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Definitions. For the purposes of this act, unless otherwise stated, the following definitions apply:

(1) "Agency" includes each state office, department, board, commission, council, committee, unit of the university system, or other entity or instrumentality of the executive branch, office of the legislative branch, or office of the judicial branch of state government.

(2) "Capital project" means acquisition of land or improvements, planning, capital construction, renovation, furnishing, or major repair projects authorized in this act.

(3) "Approved budget amendment" means approval by the budget director of a request submitted through the architecture and engineering division of the department of administration to transfer excess funds appropriated to a capital project within an agency in order to increase the appropriations of another capital project within that agency or to obtain financing to expand a project with funds which were not available for consideration by the legislature.

(4) "BPICA" means account number 06142 in the bond proceeds and insurance clearance fund; "FPRA" means federal and private revenue account; "ERA" means earmarked revenue account; and "other appropriated funds" means money other than general fund or BPICA money that accrues under provisions of law to an agency indicated herein.

Section 2. Expansion required to be authorized. No existing capital project may be expanded beyond the scope of the project as approved by the 47th legislature unless the capital project expansion is authorized by an approved budget amendment.

Section 3. Additional funding. If a capital project is jointly financed by an appropriation or appropriations from state sources as well as by appropriations from other sources, the funds provided by appropriation from state sources shall be decreased by the amount that the funds received from other sources exceed the amount appropriated by the legislature if the decrease does not jeopardize the receipt of the funds to be received from other sources.

Section 4. Federal funds for administration. All federal funds received as a reimbursement for the cost of administering the federal funds when the cost was financed from the general fund shall revert to the general fund. Should federal funds for Makoshika State Park exceed $21,000, coal tax appropriations in an amount equal to the excess will be reverted.

Section 5. Reappropriation. Notwithstanding any other provision of law, the remaining balances on capital projects previously appropriated are hereby reappropriated until June 30, 1983, for the purposes for which originally appropriated.

Section 6. Construction and maintenance appropriation. The following money is appropriated from indicated accounts, including interest earnings from investment of the proceeds of long-range building bonds issued under the authority of HB 563, 1981 session to the director of the department of administration:

Agency/Program	BPICA	Other Appropriated Funds
Department of Administration		
Replace roofs		$70,000
Retrofit state buildings for energy conservation	$2,250,000	
Replace elevator, Surplus Property Building	55,000	
Plan Natural Resources Building	400,000	
Acquire office facilities, Helena		2,150,000
Land acquisition and grounds improvements, Capitol Complex		50,000
Improve water system, Capitol Complex	380,000	
Safety Improvements, Cogswell Building	60,400	
Board of Education		
Miscellaneous maintenance, Historical Society	88,000	

Complete cottage, School for the Deaf and Blind	700,000	
Department of Fish, Wildlife, & Parks		
Regional headquarters maintenance		20,000
Fishing access site protection		100,000
Lewis & Clark Caverns improvements		50,000
Giant Springs Heritage State Park improvements		300,000
Develop wildlife management areas		96,000
Rosebud Battlefield improvements		20,000
Bannack State Monument		25,000
Makoshika State Park improvements		81,000
Recreation area paving, Placid and Salmon Lakes		200,000
Purgatory Hill State Monument improvements		34,000
Canyon Ferry Recreation Area Improvements	124,500	124,500
Council Groves State Monument improvements		110,000
Acquisition and development of cemetery at old Fort Custer site in Big Horn County	50,000	50,000
Fort Owen Acquisition		

or Development		10,000
Department of Highways		
Miscellaneous maintenance		
and construction		500,000
Department of Institutions		
Modify toilets, Spratt Building,		
Warm Springs	18,000	
General Maintenance, Boulder	251,200	
Replace roofs, state institutions	245,000	
Modify bathrooms and laundry,		
Eastmont	57,000	
Construct multipurpose building,		
Swan River	400,000	
Kitchen repairs, Veterans' Home	21,300	
Maintenance and life/safety repairs,		
Warm Springs	149,200	
Water tower maintenance,		
institutions	45,000	
Maintenance and repairs, Galen	154,000	
Sprinkler system, Veterans' Home	47,000	
Sewage treatment plant,		
Warm Springs	348,050	1,059,188
Enlarge pharmacy,		
Center for the Aged	11,885	

Prison Chapel Design	25,000	
Spruce Cottage Remodel, Mountain View	67,800	
Upgrade prison perimeter security	59,000	
Pine Hill S.I.D.	9,872	
Department of Justice		
Miscellaneous repairs, Registrar's Bureau	10,000	
Department of Military Affairs		
Construct Armory, Harlowton	179,500	415,500
Construct Armory, Havre	164,500	415,500
Auxiliary heating system, Fort Harrison	2,500	7,500
Weatherproof CSMS, Fort Harrison	6,250	18,750
Sealcoat taxiways, Military Affairs	3,000	9,000
Repair Boiler, Deer Lodge	4,000	
Repair Wall, Fort Harrison	25,000	
Boiler, Helena Armory	40,000	
Armory Addition, Butte		615,000
University System		
University System maintenance	1,038,050	
Handicapped accessibility,		

University System	500,000	
Complete Science Building,		
Montana Tech.	200,000	
Remodel Cowan Hall, Northern		
Montana College	150,000	
Computer site modification, EMC	100,000	
Farm Mechanics Bldg., NMC		150,000
Construct Clinical		
Psychology Bldg., UM	440,000	
Remodel Craft Bldg., WMC	200,000	
Lubrecht Forest Exp. Station		115,000
AES Facility, Sidney	85,000	
Construct Laboratory		
Animal Facility, MSU	2,180,000	-0-
Department of Natural Resources		
and Conservation		
Maintenance, DNRC	25,000	

Construction of the animal laboratory facility at MSU will be financed with interest generated from investment of proceeds of bonds sales authorized by HB 563. Construction will not begin until bonds are sold.

Section 7. Land acquisition appropriation. The following money is appropriated from the indicated accounts for the purposes of land acquisition to the director of the department of fish, wildlife, and parks:

Fishing access acquisitions	2,350,000
Acquire wildlife habitat	750,000

Section 8. Appropriation of proceeds from the sale of long-range building bonds. The following money is appropriated from the BPICA to the director of the department of administration, contingent upon the authorization of the sale of

long-range building bonds by the legislature as provided in 17-5-402 and 17-5-403, and the sale of the bonds by the state board of examiners:

Renovate State Capitol building	6,750,000
Construct Gymnasium, School for the Deaf and Blind	2,300,000
Construct cottage, School for the Deaf and Blind	2,000,000
Construct Polson Job Service office	500,000
Construct Hamilton Job Service office	500,000
Construct Visual Communications Building, MSU	4,598,000
Remodel and addition to Cisel Hall, EMC	1,190,000
Construct fine arts facility, UM	7,500,000
Construct vo-tech center, Butte	3,769,505
Construct Veterans Nursing Facility	1,850,000
Children's Unit, Billings	2,626,000
Workers' Compensation Building	4,000,000

Section 9. Other funds for fine arts facility. (1) There is appropriated an additional $1,100,000 from the federal and private revenue account or from regent's building fees for the construction of the fine arts facility which shall be constructed as a complete facility with the appropriations contained in this act. Funds appropriated in this section shall be expended before expenditure of state bond proceeds for construction.

(2) Funds may be advanced from the bond proceeds for planning, not to exceed $450,000.

Section 10. Repayment of appropriations. (1) Funds for the following project are appropriated on the condition that the amounts appropriated be repaid to the long-range building program, bond proceeds and insurance clearance account with no payment to be made until after June 30, 1983:

Computer site modification, EMC

(2) The terms of the repayment of the above appropriations should be approved by the director of the department of administration prior to expenditure of the amounts appropriated.

Section 11. Severability. If a part of this act is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of this act is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

Section 12. Effective date. This act is effective on passage and approval.

ATTACHMENT XVII

MRS. MELOY stated the Board was involved in the planning, and they were all aware that the Butte Vo-Tech Center should have had a turn along the way, but the last time around the Board did not approve it.

REP. BARDANOUVE asked if it was customary to purchase the equipment.

MR. DOWNEY stated this has varied from Center to Center. He stated some equipment was paid for and they moved what they could, but the new equipment costs were split 50-50.

REP. DAILY stated in the last four years, the Butte Vo-Tech Center has only received $40,000 for equipment.

THE CHILDREN'S CENTER

MR. CHISHOLM stated this proposal is the culmination of the work of a number of agencies who have been working on this issue for many years. There is an operational program on Warm Springs State Hospital which is a make-shift operation, housed presently in Unit 66 and 67, which is an old two story facility. In 1977 the Legislature passed House Joint Resolution 72, which mandated an interagency study of the needs of the emotionally disturbed children. Included in this definition were those with severe mental health problems. There is now the Interagency Committee on Handicapped Children, and their proposals along with other Agencies resulted in a proposal in 1979 to replace the building on the Warm Springs State Campus. The Department of Instututions, and the Budget Office is now recommending this building be replaced. Originally there was a request for the construction of the new 40 bed facility. They are now requesting that be amended and serious consideration given to a 60 bed facility. At the present time they have a full house in the present facility, which is approved for 30 children, there are seven children on the adult ward, and there is a waiting list for 22 children. In view of this need for the Children's Unit, they feel that a 40 bed facility may not be enough, and they would be requesting an additional unit shortly. The current location is not adequate in size, and it would never be accredited by JCAH, if it stays on the Warm Springs Hospital Campus. Their developed proposal working with A & E, will meet the standards needed to get JCAH accreditation.

DR. PETER BLOUKE stated he was one of the original members of the House Joint Resolution 72 Committee for coordination of programs for handicapped children. It became apparent after a few meetings, one of the most serious gaps in the system was the services to the emotionally distrubed children. There was then a subcommittee developed to study the needs for this facility. He feels Montana needs a continum of service to these children ranging from the institutional setting to the group home concept. He felt there is still a need for the institutional setting, because these children

cannot function within a community setting. One of the tasks for the Committee for Emotionally Disturbed, was to conduct a survey of the needs of the seriously emotionally disturbed in Montana. This study was completed in August 1980, and briefly they surveyed all 200 youth providers in the state, 148 of those responded. The results of the survey indicated there were approximately 144 seriously disturbed children in Montana, that would need the type of program provided in an institutional setting. He stated this was a conservative estimate, because the national estimates use 2% for moderate disturbance, and .25% for severe disturbance. The 144 youths represent .06% of the 1979 estimated population in Montana.

MR. DICK ROSENLEAF, Director of the Children's Unit at Warm Springs, stated he has been the Director at Warm Springs since the program began in June 1976. He stated he has attempted to get something done for the emotionally disturbed children for 20 years. There is a crying need for a facility of this type. He described for the Committee the type of child, this program will serve. In summation these children's behavior is such they would be a danger to other people, and cannot be contained in a group home. At the present time, there are 30 children in the unit, 22 on a waiting list, and 7 children on the adult floor waiting for a vacancy. He stated this is a long term treatment with a minimum stay of one year. He explained the treatment centers around who is in control, the child or the adult. The children are clearly in control, because they are not dependent upon adults. The second issue is to get the adults to agree on what they are going to do with the child. He stated there are two types of treatment, one is the Tender Loving Care treatment, and the second one is Skin them Alive. He stated they go down the middle of those treatments and the Children are taught they are responsible for what they do. Approximately 80% of the children can go from the program and can get jobs, 15% of the children are destined to being in and out of institutions for the rest of their lives, and 5% of those children will need some type of supprotive care. He noted he always congratulates the children on being in the 1/2% of the children termed hopeless, and he noted once these children get turned around they make great improvements. He feels the need is very much there for a new facility for these children.

MR. CHISHOLM stated that the current program is costing dollar for dollar, from the general fund, with no hope of reimbursement. To receive reimbursement they need JCAH accrediation.

MR. LEWIS stated there are several reasons for not placing this unit at Warm Springs. One reason is there is a stigma in placing these children at Warm Springs. His office is recommending the unit be built in Anaconda, because it is close enough to Warm Springs that laundry and maintenance facilities could be used for both areas.

Having the Unit built off the Campus of Warm Springs would allow the Unit to receive the proper accrediatation.

MR. CHISHOLM stated they are proposing a 60 bed facility which would cost $2,626,000, have 2,400 square feet, be self contained including educational facilities, administrative office space, conference rooms, business rooms, nurses stations, examination rooms. He noted that A&E has a design in mind similar to the new cottage at Pine Hills School. The facility figures do not include land acquisition. This unit would need approximately 1 1/2 acres for construction.

REP. MENAHAN stated in his area they would donate the land to the state through Atlantic Richfield in Deer Lodge County.

REP. HURWITZ asked how many young people pass through this facility in a course of a year.

MR. ROSENLEAF stated they are averaging around 75 admissions in one years time. A number of children come in for evaluations for anywhere from 45 to 90 days.

REP. BARDANOUVE asked how many additional FTE would we need to run a new Unit.

MR. CHISHOLM stated they have projected some operational costs for both a 40 bed unit and 60 bed unit. Built into these projections are anticipated reimbursements to the general fund once JCAH accredication has been achieved. If a 60 bed unit is built, operational costs at the third level and using inflation costs comparable to Mountain View School, and assuming an 85% occupancy rate and 64% Medicaid participation, the net obligation to the general fund would increase during the FY 84-85 biennium by $786,000, eventhough the program would cost $2.4 million to opearte in FY 84, and $2.7 million in FY 85. They would receive in FY 84, $2.2 million and $1,2 million in FY 85 as reimbursement from federal dollars back into this program. The current operation direct cost to the Children's Unit, was calculated at $900,000 in FY 84 and $1.3 million in FY 85, which no reimbursement is received. Based on that the net increase to the general fund would be $786,000, and the bed capacity would be increased by 30 beds. This Unit would have to be completely separate from Warm Springs to meet that criteria of the JCAH standards. He noted they could use anciliary services to support the program, however, whatever service they use also has to meet the JCAH standards. He stated they cannot guarantee the Committee that these services would meet these standards, but he can guarantee that Warm Springs itself will not meet the JCAH standards without millions of dollars being put into it.

MR. HAUCK stated at this point there is just conceptual designs of this facility.

MR. CHISHOLM stated these costs are based on assuming a 64% federal participation. He feels that the President's action will not preclude these services, however, the dollar amount might be changed. He is not sure how a CAP will affect the percent of participation, but the figures he presented are based on the current 64% particiapation. He stated by 1984 the state will be spending close to $1 million each year of that biennium to operate that program. That includes direct costs only, and does not include the indirect costs. The new Children's program would cost an additional $1.4 million in FY 84 and $1.7 million in FY 85. They would get close to $2.4 million in Medicaid reimbursements that excludes the general fund match.

REP. BARDANOUVE stated that many people talking to him during the session have indicated that there are three logical locations for this Unit. It should be either in Great Falls, Billings, or Missoula, due to the professional people those cities have.

MR. GREENLEAF stated he presently has 40 employees, and if they were to move to any of the above places he would lose 50% of these people. He noted he has spent three to five years training this staff, and he noted his program has the least turn over of staff of any unit in the hospital.

REP. BARDANOUVE stated this might be a short term concern of his, but over the long term of at least 50 years, the location is an important consideration.

MR. CHISHOLM stated the Department did evaluate the status quo for the best possible site for this Unit. Last session, they were told by a representative from Eastern Montana that they would not be able to build a Unit such as this, on the Campus. He stated it was not intrinsic to the operation of the program to be near the University.

JOHN SHAY, Chairman of the Anaconda Deer Lodge Commission, stated they would be more than happy to have this facility in the Anaconda area.

REP. MENAHAN stated they did have the Job Corp in their area, and a lot of facilities were built that they could use. There was a good relationship with the City of Anaconda regarding the Corp. He stated that the Community would accept this facility readily which he is aware is a problem in the larger areas.

SEN. HAFFEY asked if MR. ROSENLEAF was able to find the type of professional people he needs for employment in the nearby area.

MR. ROSENLEAF stated wherever you devise the program that functions, then the professionals will come in. He feels there would be advantages in moving to Anaconda, since these communities are extremely tolerant of the State Hospital in that area. He noted he averages around 11 run aways a month, and there is little hassle getting the children back. He stated presently employed is a one-half time psychiatrist, two full time social workers, two psychologists, two recreation therapists, four teachers, one music therapist, one prevocational instructor and two aides.

SEN. HAFFEY asked if this type of facility would be attractive to professionals in the field, or recent graduates.

MR. ROSENLEAF stated he presently has interns from Missoula, Dillon, Billings, Bozeman, doing their field work. The young professionals will go to where an innovative type program is.

HB 830

PROPONENTS:

REP. FABREGA, the Bill's sponsor, stated this bill would provide for $4,118,000 in the construction of a physical therapy education facility at the Montana State School for the Deaf and Blind. In view of the other buildings being proposed, everything needs to be done at once in order to demolish the other buildings. He stated the physical therapy building has been a dire need for some years now. He stated that awhile back he attended a function at the school, so he was able to comprehend a little what it would be like to live in a non-hearing world.

REP. MEYER stated his support of the bill, and feels a great need for this building, for the educational needs of the children.

REP. BERGENE also expressed complete support for this bill and the proposed facilities.

REP. HEMSTED expressed full support for this bill, and she feels it is extremely important for the development for these children. It will also give them a better opportunity to compete with other Class C schools in the area.

REP. HURWITZ stated his complete support of this bill.

SEN. THOMAS moved to approve the Cottage and the Food Service building for the MSDB for $2,000,000. THE MOTION PASSED UNANIMOUSLY.

VO-TECH, BUTTE

REP. BARDANOUVE moved to approve the VO-Tech in Butte, but he would like to re-study the equipment expenditure.

SEN. HAFFEY felt they should either build the building with the equipment that will do the job, or not bother to put in outdated outmoded equipment.

REP. DONALDSON stated everyone he has talked to admits that the Butte Vo-Tech has the worst type of outdated equipment around the state. He asked the Committee to refer to EXHIBIT B regarding the equipment cost estimation.

MR. HUNTINGTON stated in the statutes, they indicate that money be provided for buildings and equipment.

REP. HURWITZ moved to make a substitute motion to approve the Butte Vo-Tech building and equipment in the amount of $3,769,505. THE MOTION PASSED UNANIMOUSLY.

CISEL HALL-EMC

REP. BARDANOUVE moved to approve the Cisel Hall improvements at EMC for $1,109,000. THE MOTION PASSED UNANIMOUSLY.

CHILDREN'S UNIT

SEN. ETCHART moved a DO NOT PASS for the Children's Unit.

SEN. HAFFEY moved to make a substitute motion for DO PASS for the Children's Unit for $2,626,000. He explained it was his understanding that this program was the only one in the state where after the children have been through every other program, they end up here. He felt there was some hope here, and the children after an extensive treatment can be returned to the communities as productive citizens. An important matter is that the Warm Springs stigma was also brought out in the testimony. He felt the community of Anaconda has shown their support by making land available for this center. (SEE EXHIBIT C).

REP. BARDANOUVE stated he has been in contact with people who are very concerned in the mental health area. He felt it was necessary that the mental health people feel it necessary to have a review of this need by a team. There was some concern over increasing this facility to a 60 bed facility, and inquiries

as to where it should be located. He felt there was a tone that this unit might be two years premature.

SEN. HAFFEY stated the waiting is the problem. He felt you can have some things studied to death. The recent analysis given to him was that in 1980 there was a need for 144 persons to have this type of a facility. He stated MR. ROSENLEAF has 30 people currently in the unit, 22 children on a waiting list, and seven of these children are on an adult wing at Warm Springs. He felt instead of being two years premature, we are four years behind. He felt Anaconda is perhaps no better area than any other in the state but it is necessary to get the Center off the Warm Springs Campus.

REP. BARDANOUVE expressed concern over the figures given by MR. CHISHOLM regarding the cost of the Children's Unit meeting JCAH accreditation will not come about since there is going to be a CAP put on Medicaid, and there will not be any more money given out.

MR. CHISHOLM stated he cannot give assurance regarding the Medicaid funds available once it is built, but he could assure that it would be Medicaid eligible when they get JCAH accreditation. He felt that no one can guarantee the CAP will not allow them to get some reimbursement, but at the present time they are not getting any money.

THE QUESTION WAS CALLED ON SEN. HAFFEY'S SUBSTITUTE MOTION. A roll call vote was called. The results were as follows:

REP. DONALDSON	no	SEN. HAFFEY	yes
SEN. ETCHART	no	REP. HURWITZ	yes
SEN. HIMSL	no	REP. MOORE	yes
REP. MANUEL	no	SEN. THOMAS	yes
REP. BARDANOUVE	abstained.		

THE CHAIRMAN stated with no objection by the Committee they will pass over this with a 4-4 tie, and come back to this.

THE CHAIRMAN read a letter to the Committee regarding the SID payments at Pine Hills from the Institutions' attorney. It was his opinion that it was a legal obligation on the part of the state since they have been hooked up on this since October, and they are responsible for the payment from January to July 1981.

REP. BARDANOUVE moved to approve the Pine Hills SID money for $9,872. THE MOTION PASSED.

REP. DONALDSON moved to amend HB 261 by changing the RIT money to RRD money. Also on Line 14, it should be changed to be administered by the Department of Administration instead of the Department

construction costs, $125,000 architectural fees, $40,000 landscaping site development; $63,000 equipment; $54,600 contingencies and $3,300 planning review fee and $3,500 for quality control. The circulation tower that goes with it is $400,000 He asked DR. TIETZ to explain the circulation tower.

DR. TIETZ stated the facility is composed of several components, one is main laboratory facility. This building lies between two other buildings, so the circulation tower provides communication between the laboratory and the two halls. The third component is the infectious disease component for $675,500 which is an isolation unit that would provide the opportunity to use biohazard materials to the third category. He felt the two critical components of the request would be the animal laboratory and the infectious disease unit which would be a total package of $2,180,500. He stated they received $90,000 of planning money last legislature and the building is to be located between the four major users of the laboratory facilities. It was the intent of the circulation tower portion is not that essential to the total program, and he would propose it only on its own merit, and not see this as a high priority item at MSU in the years to come.

REP. DONALDSON asked whether it was necessary to have this facility on the MSU campus, and at this amount.

DR. TIETZ stated the siteing is a question that always comes up, the building can be put anywhere. However, the regulations are established by the federal government so the cost for construction is the same. He noted if the building was put off campus, whether one block or one mile would provide an added inconvenience to the laboratories and would be an inefficient way to do this time wise. They do propose the facility for infectious agents be off the campus in an area that it can be monitored very carefully. He spoke briefly to the fact that their program is very carefully screened, so little or no duplication is done in terms of the research itself.

SEN. ETCHART moved to approve the animal laboratory facility in the amount of $2,180,500. THE MOTION PASSED with seven in favor and one Excused. (SEN. HIMSL excused; see roll call vote.)

REP. HURWITZ asked to have MR. MURPHY speak in regard to the Children's Unit.

MR. MURPHY, member of the Mental Health Association, stated their position on this is that it is very important to determine where the building should be placed. He noted that last fall the organization met and put as top priority the coordination of a plan for Children's Unit in the state. The professionals feel there is considerable lack of coordination amoung their efforts. Part

of the problem appears to be, that no overall view has been taken of the situation. He noted the Interagency Committee on Handicapped Children adopted this view and made a recommendation to the Governor. Nothing seemed to happen on that recommendation, so they asked legislature not to introduce any legislation regarding money, but rather to ask the Department heads to meet and conduct this study and develop a plan. A letter did go out to the Department heads and they indicated that they would provide resources for carrying on this study. He noted there are two Department heads on this study and they will be responsible for this development and the planning. He noted that the Warm Springs unit now is an indication of the failure of the services for the emotional distrubed children throughout the state. It is the place of last resort. At the present time there is not an overall integrated program. If the choice is a matter of going forward and building in Anaconda without a plan or putting off the decision on this building for two years, many of the people in the association would go for delaying the decision. He noted the Mental Health Advisory Board met just recently and their attitude was unfavorable to placing this in Anaconda. He noted the question of size is a major factor, and the weight of evidence shows that the smaller cottage type is more appropriate.

THE CHAIRMAN stated that different groups desired it placed either in Billings, Great Falls, or Missoula. He asked if there was available space in Billings for this unit.

MR. MURPHY stated it was his understanding that anyone he has spoken to does not stress Billings, however, if there was any feeling regarding location, some felt it would be at the University of Montana, so the students could use this facility for experience.

THE CHAIRMAN asked anyone from Missoula to respond if there was any facility or land available for this Children's Unit.

REP. DUSSAULT stated there may be available land. She stated if this plan was to build a 60 bed unit in Missoula, there would be opposition. She felt there was little or no justification for a 60 bed unit, and if this was built in Missoula, she would not support it. She does not feel they have seen enough data to support that need, or enough clinical justification for a 60 bed unit. She felt to move ahead with this facility would put the treatment of children back about 20 years, and the building will last at least 50. She didn't feel they know enough now to make that commitment. She feels much more information is needed before this can be pursued.

SEN. HAFFEY stated they had just had testimony regarding the clinical needs for this unit and he wanted MR. CHISHOLM to respond

to the justification for a 60 bed unit, Did he feel this was a program that was being rushed into.

MR. CHISHOLM stated from his perspective he does not feel the 60 bed unit is inappropriate in terms of size. He stated they have discussed this within the Department regarding a need for a 40 bed versus a 60 bed facility, and they feel a 60 bed would take care of these children in an intensive specialized treatment setting. He didn't feel from the department's standpoint that they were rushing into anything, because this has been a subject for debate since 1976. He stated they were critized for having the campus on the Warm Springs grounds, and they were mandated that they propose a program for a unit somewhere other than Warm Springs State Hospital.

SEN. HAFFEY asked that a message that was coming their way was that it was inappropriate to have this unit placed in Anaconda.

REP. HURWITZ stated he would feel uncomfortable in spending that amount of money if the mental health people are not in accord. He felt there should be an agreement among these people that what they are doing is right.

REP. BARDANOUVE stated he has agonized over this tie decision all night and lost sleep regarding it. He felt that Montana needs a Children's Center, on the other hand he is not convinced it should be a full 60 bed unit. With all do respect to Anaconda, he has been given the impression that it should not be in Anaconda. He stated he had calls from many professional people, and their consensus is they all want some type of treatment center, but have not agreed on the size. The opinions he gets is it should be either placed in Billings, Great Falls, or Missoula with Missoula being first choice. Not to become a part of the university system, but available to call upon the academic expertise of the university students. He stated it is also important to have a transitional phase before completely mainstreaming a child back into society. It is necessary in this phase to have other social services that the community allows, and it is felt that Missoula has more of these facilities than any other area. He stated without any preconceived idea on where it should be located, he does not feel it should be located in Anaconda.

THE CHAIRMAN asked if there will be a definite plan developed for the use of the Children's Unit somewhere in the state within the next year and a half.

MR. CHISHOLM stated if the Committee wishes to delay this action, the Department can assure him that they will have a plan developed. He stated they know what the need is and they feel they have a plan.

He suggested if the site was the problem, then perhaps the Committee could recommend the building be authorized with the recommendation that the site be selected by a Siteing Selection Committee.

REP. BARDANOUVE stated it was not so much the plan of the facility that was the problem, but it would be necessary to take this committee from the administrative branch of government, because they know where they are committed.

REP. HURWITZ asked MR. MURPHY if his Committee had decided where this should be placed.

MR. MURPHY stated the Advisory Committee on Mental Health was not approached upon this issue, however, on their meeting on Monday the response was unfavorable to placing it in Anaconda.

SEN. HAFFEY feels the need has been established and the waiting for two years should not be advised. He feels MR. CHISHOLM'S suggestion is acceptable and the sites can be judged on their merits.

REP. DONALDSON moved that money not be appropriated for the Children's Unit. His reasoning was he feels the Committee recognizes the need for this unit, however he feels they are not prepared to make this judgment at this time. He feels they are setting programs and in two years time they can have this put together.

MR. HUNTINGTON stated this decision has been with them since 1975, and the problem is not necessarily deciding where they would like to have these children, but that the judges are committing these children in increasing numbers each year. He stated there are a lot of ideas on the best thing to do, but there is a great distance between those things and the real problem of everyday committments by judges in inappropriate facilities.

SEN. HAFFEY made a substitute motion to approve the Children's Unit for $2,626,000 for construction of the facility without designating the site, and a Site Selection Committee be selected by the legislature. He feels the need for this facility has been documented far better than the need for an animal laboratory facility or a need for a veteran's facility. He feels the question of site should be determined as quickly as possible. He feels putting this off for two years is a disservice to the children on the waiting list.

REP. BARDANOUVE moved to amend the motion that the facility be located at Missoula. THE MOTION FAILED with two in favor and seven opposed. Those opposed were REP. DONALDSON, SEN. ETCHART,

SEN. HAFFEY, REP. HURWITZ, REP. MOORE, REP. MANUEL, SEN. THOMAS. (See roll call vote,)

SEN. HAFFEY restated his motion to approve the $2,626,000 for the Children's Unit construction as determined furing the biennium by the Legislative Finance Committee. THE MOTION FAILED with three in favor and six opposed. Those opposed were REP. DONALDSON, SEN. ETCHART,SEN. HIMSL, REP. HURWITZ, REP. MOORE, SEN. THOMAS. (See roll call vote.)

REP. DONALDSON'S original motion of a DO NOT PASS was voted on. THE MOTION PASSED with five in favor and four opposed. Those opposed were, REP. BARDANOUVE, SEN. HAFFEY, REP. MANUEL, SEN. THOMAS.

REP. BARDANOUVE moved a DO NOT PASS on the cottage at Mountain View School. THE MOTION PASSED with seven in favor and one opposed. SEN. ETCHART opposed. (See roll call vote.)

MR. HUNINGTON referred to Exhibit E, the Capital Land Grant Account. He noted there were two projects that could be lowered. One project being the handicapped accessibility, since there is money already available for this in the cash account. He also noted that the Land Acquisition and Improvements to Capitol project could be reduced by half.

REP. BARDANOUVE moved to approve $70,000 from the Capital Land Grant Account for the replacement of roofs for the Department of Administration. THE MOTION PASSED.

SEN. HAFFEY moved to approve the $50,000 for the Land Acquisition and Improvements to the Capitol from the Capital Land Grant Account. THE MOTION PASSED.

SEN. HAFFEY moved to approve the Miscellaneous Maintenance for the Historical Society for $88,000 from the Cash Account. THE MOTION PASSED.

REP. BARDANOUVE moved to approve the elevator for the surplus property building for $55,000 from the cash account. THE MOTION PASSED.

REP. BARDANOUVE moved to approve the Cogswell Building Safety Improvements for $60,400 from the cash account. THE MOTION PASSED.

REP. DONALDSON moved to table HB 843. THE MOTION PASSED.

REP. DONALDSON moved to table HB 830. THE MOTION PASSED.

MINUTES OF THE MEETING OF THE JOINT APPROPRIATIONS
SUBCOMMITTEE ON LONG RANGE BUILDING
April 13, 1981 CHILDREN'S CENTER

The meeting was called to order by GENE DONALDSON, Chairman, at 7:45 a.m. Committee members present were SEN. THOMAS, and REP. HURWITZ.

Testimony was given by CURT CHISHOLM, Deputy Director of the Department of Institutions; JUDY CARLSON, SRS; NORMA VESTRE, SRS; JOHN LaFAVER, SRS; DICK ROSENLEAF, Director of the Children's Unit; DAVE LEWIS, Office of Budget and Program Planning; BILL RILEY, Board of Crime Control; DR. BAILEY MOLINEUX, Clinical Psychologist; PETER BLOUKE, Director of Residential Services; CARROLL SOUTH, Director of the Department of Institutions; DAVID BRIGGS, District IV Mental Health Center Director; DR. JAMES HAMILL, Warm Springs State Hospital.

MR. CHISHOLM stated back in 1977, there was formed an Inter Agency Committee on Emotionally Disturbed Children, to study the needs of the emotionally disturbed child. This was a subordinate committee of the parent committee on Handicapped Children. He wanted to discuss the current program and its strengths and weaknesses. The issue of the Unit being at Warm Springs since 1975, the adequacy of the staff, how easy is recruitment in that area, does the current facility comply with current life safety codes, can it be certified, is the capacity adequate, does it support the program architectually. The population to be served is something the Committee on the Emotionally Disturbed Child has been working on for some time, and their investigation into that issue would suggest there is a population out there that is not being served, and the incidences of this acute mental illness is on the rise. This facility should be expanded above the current capacity of the present facility which is 30 beds. Also to be discussed is a self-contained facility, what type of atmosphere needs to be created. He feels architectually it can be constructed so that the "least restrictive environment" is foremost in their minds. The projected cost being discussed was based on square footage requirements and not on any special design, so they would be completely flexible in that area. The Department's position regarding location is to build a 60 bed unit to meet JCAH accreditation and to be built in Anaconda.

REP. HURWITZ feels the need has been pretty well established, and the concept of placing it in Anaconda trouble the members in the Committee. Another question is whether it should be 40 bed vs. 60 bed. He noted MR. ROSENLEAF has stated he feels the numbers are going to increase.

SEN. THOMAS stated he felt the need has been established but the conflicting testimony has been the university system and the involvement they would have in this program. The type of treatment has been pretty well established to the Committee members, but there is some external forces saying the treatment should be of a different nature. The Mental Health Association and the Mental Health Centers are very active, and it is difficult to find out where their parameters are, since no two agree on any one thing. He stated the location in Missoula has brought concern especially from the rural people in the Senate. The communities themselves are not especially welcoming the Children's Unit, Missoula being one.

JUDY CARLSON stated about three years ago, the Committee did have a study of the Missoula area in regard to setting up a facility similar to the intensive treatment in Great Falls. She feels toward the end of the study, things fell apart.

DR. BLOUKE stated he wasn't sure things fell apart, but as he recalls there were two proposals submitted. One was a Missoula proposal and one was from Great Falls. The Committee chose the Great Falls proposal over the Missoula proposal.

DICK ROSENLEAF, Director of the Children's Unit, stated he has three concerns regarding the location of the building. First of all they have spent five years training a staff, and in the polls he has taken, they would lost about 60% of that staff. Secondly, Anaconda is the only community that has invited the Children's Unit to be placed there, and thirdly regarding location in a larger town, he feels the priorities need to be looked at. The priorities of the university system are education, research and treatment, if there is time. If you are setting up treatment centers, then the first priority must be evaluation, and treatment, it should not be education and research. He stated they can develop an internship program wherever they are located.

THE CHAIRMAN asked that as far as the staff was concerned, the Unit did have a program to proceed on their treatment.

MR. ROSENLEAF stated he based this on the experience they have had in the past six years. The program has been developed, they have the lowest turnover of staff of any unit in the state hospital. He feels what keeps them in that program, is the fact they run a good program, allowed to do what they are trained to do, and get good support for this training. He feels if you have a good viable program, then you can recruit.

MR. CHISHOLM stated one of the issues that needs to be discussed is the self-contained program. He stated he wanted to clarify a statement made the other day regarding it would be self-contained so that MR. ROSENLEAF was not looking at local school systems to provide educational services. He stated that he may in fact do that, but it would be the exception, not the rule. The program is to be self-contained, so that when the children go on into intermediate care programs such as the RITZ in Great Falls, they can go on out in the schools, and utilize the community facilities. He stated this relates why Anaconda could work as well as any other area in the state. In talking to the university people, they agree there is no compelling reason to have this on their campus. They are interested in being able to have a state intern program.

REP. HURWITZ asked if it was a big issue over a long period of time regarding the training of staff.

MR. ROSENLEAF stated this would be a big issue for the first three to five years. In their experience, it takes a new employee about a year to know what is going on, and by the third year you are getting more of a skilled worker. Another issue is the type of person who would work in a Children's Unit, because these children give so little back. He felt the communities in Anaconda, Butte and Deer Lodge have had a lot of experience working with people in institutions, and they are quite tolerant of this. He noted he averages around 17 run aways a month, and the community doesn't get too concerned about this. Last year he lost one psychologist and one RN. He has a total staff of 41.5 FTE.

MR. CHISHOLM stated the Committee did not come up with the proposal for the site to be in Anaconda, he stated his Department working with the Governor's Office came up with this proposal site.

DAVE LEWIS explained the process they went through regarding their recommendation. They looked at the good program at Warm Springs, the good staff, and the placement of that program and the staff in tact was considered. There didn't seem to be any great argument in placing it anywhere else. Given the fact that Anaconda is a community that has recently been devastated economically, there didn't seem to be any compelling argument of pulling those jobs from Anaconda and placing them elsewhere. The program is working, they have the staff making it work, they have a history of working with institutions, and they need the jobs, basically covered the main issues.

MR. ROSENLEAF stated he has been observing this type of child for over 20 years, and there always seems to be a fight over whether or not the child should be mainstreamed. He stated he is not opposed to mainstreaming children, however, the type of child who comes to this institution, has absolutely bombed out from all other programs. He usually has been suspended from school around age of 14. This child has been through all of the community base services. The child usually gets sent by the other communities and the judges, who label the child as one who is not only disturbed but disturbing, who is outraged and outraging and they do not want this child in the community. The idea of the self-contained unit is two-fold, because you cannot treat unless (1) you need to get control, (2) the professionals need to agree on the type of treatment. Wherever this unit would be placed, it would have to have structure from within.

MR. CHISHOLM stated that wherever the unit is placed, anciliary support could be made available. If the facility were in Anaconda, they would use the laundry facilities of the valley as long as the laundry meets JCAH accreditation. They will recommend the building be built and staffed according to JCAH standards, even though over a period of time the federal support will be limited. If they comply with these standards, it will have to be operated as a self-contained unit anyway.

THE CHAIRMAN stated he did not feel there was any sense in building a 40 unit, when the commitments are already above that.

BILL RILEY, Board of Crime Control, feels the 60 bed facility is needed. The estimation of the records from the Youth Court is one in 23 children will need this facility. The justice system feels there is a problem when the child needs to be referred to Warm Springs and there is a waiting list, and no place for the child to stay except in jail. These numbers are going up and a 60 bed unit is needed. He stated as far as location goes, he agrees with MR. CHISHOLM'S statements.

He stated the problem the judges have is not the treatment, but the waiting list and not getting them in plus the legal problems this involves. He feels the type of child being discussed here, more community interaction and mainstreaming would cause more and more failures for them. He agreed the self-contained unit seemed to be the answer.

SEN. THOMAS asked if the age was a concern in the construction of this facility, and having 40 unit pods would be more effective.

MR. RILEY stated he didn't feel he could answer this, since it is more of an administrative matter. He didn't feel this would make any difference to the judicial system, whether it was one or two pods.

DR. MOLINEUX stated last fall there was a study which contacted 200 inservice providers in the state, and asked them to identify the severely and moderately disturbed child in their communities. (EXHIBIT A). The results of the study indicate they do need a 60 bed facility. He stated he is a Clinical Psychologist, and he has no problem with a 60 bed unit as long as it not be constructed similar to the old dormatories. You could have four 15 bed units separated in that matter.

THE CHAIRMAN asked about the problem of identifying them at 13 and why not earlier.

DR. MOLINEUX stated he feels they are there, but when they get 13, they are getting bigger, and come to the attention of the law. He feels the seeds are there earlier. He feels these children could be identified earlier in the school system.

SEN. THOMAS asked Dr. Molineux to discuss the pros and cons of having it near the University system.

DR. MOLINEUX does not feel that location is that important to the type of treatment that will be provided, since this is a self-contained unit. He feels regarding treatment purposes for different ages, in the study they broke it down to 12 and under and 13 and over, for treatment the 12 and under child should be separated from the 13 and over group. He would suggest a 15 bed unit set aside for the children 12 and under.

SEN. THOMAS asked if there would be any benefit having the Unit placed closer to Eastern Montana College.

DR. MOLINEUX stated the Yellowstone Boys and Girls Ranch is already in Billings and has just opened a 20 bed facility for intensive treatment. Twelve of those beds have been designated for evaluation and treatment, and feels this would be a duplication of services in the Billings area.

MR. ROSENLEAF stated in terms of the intensive treatment center, not the ranch specifically, their length of stay is approximately six months. Children needing a longer term would probably need to return to the Children's Unit.

THE CHAIRMAN asked if there were advantages of having this type of facility and coordination of services similar to the Yellowstone Boys and Girls Ranch.

DR. MOLINEUX stated at the Ranch they do not have the experience or the expertise similar to the Children's Unit. He stated they are talking about the continuum of care, with a facility for the severely emotionally disturbed children on one end, and group homes and foster homes on the other end.

THE CHAIRMAN asked if there was an advantage of having an intermediate care facility along with the intensive care facility together.

MR. ROSENLEAF stated he would like to see continuum services build for the children in terms of the least restrictive environment and the most restrictive environment. He would like to see it allowed legally to move the children from one treatment area to another. Where the problems arise is the Commitment Laws, which make it necessary to work out legal aspects for any type of change involved.

NORMA VESTRE, SRS, stated that in addition, about three years ago, SRS had about 20 children in out-of-state residential treatment facilities. This helped develop the RITZ program, and there is now only seven children out of state. All of the instate facilities are full with a long waiting list. She feels they are doing a better job in placing these children, and if they do not get better resources available in Montana, then the children need to be sent out-of-state at a higher expense. She stated with SRS, the social worker makes recommendations as to where the child should be placed. Once the child is accepted into the program, their role is to make the payment to that facility.

CARROLL SOUTH stated he feels responsibility for the proposal of 60 beds because this figure was based on the children in need of these facilities, and with 37 there at the present time, he did not want to come back at a future time and request a larger facility. He stated to those who feel they don't need another institution, he would answer they already have the program that is taking place in an institution, it is a good program and very needed. Regarding the type of treatment in this program, he noted this is the Department's program and if the treatment needs to make the change. He didn't feel they needed to be influenced

by an outside source as to the type of program they will have. Relative to the placement in Anaconda, it is the Department's position at this time. They do have an offer of free land, and also have a community that is receptive. He feels due to the time problem of the session, it may be necessary to set up a Site Selection Committee, and they may make a decision they could regret two years from now. He feels this is a good choice, and if they go anywhere else without working the terms out with a community, the Legislature could find the money has been appropriated, and the site and the working bids may not be approved by the community involved.

REP. HURWITZ asked how important it was to have a hospital nearby.

MR. ROSENLEAF stated in terms of bites, scratches, etc. they are a constant source of irritation wherever they are. Some children have eye, speech and ambulatory difficulties, and they do require some medical attention and supervision. The site proposed being so close to the hospital would be utilized.

THE CHAIRMAN asked what problems had been involved in discussing sites anywhere else.

MR. CHISHOLM stated two years ago they were proposing this facility and had approached certain communities regarding this site. There had been some talk regarding a site on the campus of EMC, but this has since been used for somewhere else. He felt that was perhaps the only site that had been offered. To be fair they did not go out and actively solicit from each community aggressively.

MR. SOUTH stated the Department has made their proposal, and if the Legislature does not feel it should go in Anaconda, then the Department is uncertain as to where else to look. He stated he did not want this to fall through the cracks, and he supported Sen. Haffey's motion of selecting a Site Selection Committee.

MR. ROSENLEAF stated a couple of years ago they looked at communities to locate and found there weren't any communities that wanted them. He noted there was such a wide divergence of opinion in each community, by the time you take into account the individual citizen, the probation authority, Justice of the Peace, County Commissioners, the divergence is remarkable. Missoula has run into problems of zoning over the group homes that have been established, he wasn't sure what they would do with a 60 bed unit. One site was offered 20 miles out of Missoula around Stevensville, but he feels since that is so far out, they might as well stay where they are.

JUDY CARLSON stated she felt there was need for the 60 beds, and it could be handled architecturally. She feels there will always be continuing needs for this program.

DAVE BRIGGS, Director of Region IV Community Health Service, felt he was acquainted in getting community support regarding this Unit. The location of the facility is not as critical a factor, but rather the type of program and the staff support that is going on in that facility.

SEN. THOMAS stated there are concerns expressed to him by the Mental Health Associations regarding this problem. He stated that Mr. Murphy from Billings stated in his testimony that he would prefer to go with more of a community based program, and a lady in Great Falls feels that Anaconda is not the place. He asked what role would the Mental Health Centers play in getting their exact opinions.

MR. BRIGGS stated he has not done a poll in regard to the location of the unit, he felt that all five Centers do agree there is need for a unit being discussed. He stated he agreed that the 60 unit size would be appropriate.

SEN. THOMAS ASKED HOW MUCH OF THE Committee relates to the opinions of the Mental Health Centers.

DR. MOLINEUX stated the Mental Health Association is made up of several lay people. He understands they also see the need for intensive treatment centers that are secure. They would like 20 in one place and 20 in another throughout the state.

MR. ROSENLEAF stated that Anaconda to his knowledge is the only city and school system that has stated we can find room for you, and the only medical community that has offered its services, and the only community that has offered the land and the parks to this facility.

JOHN LaFAVER, SRS, stated he is pleased in the tone of the discussion as to not whether the Children's Unit should be build, but where it should be built. He hoped this was decided this session. He felt a key element is if you have a program that is working now, you shouldn't fool with it. He stated the one program that has impressed him throughout the Institutions is the Children's Unit and the staff of that unit. He felt this would be a strong argument in leaving this basic program in place.

SEN. THOMAS asked DR. BLOUKE regarding the type of children needed to be placed in an out-of-state facility.

DR. BLOUKE stated that is not the problem of the Department of Institutions, but more of a SRS problem.

JUDY CARLSON stated a number of local school districts send the children directly out-of-state.

NORMA VESTRE stated there is a screening committee, who have expertise in emotionally disturbed children. They review every referral where children should be placed. The SRS does not place any child out-of-state unless it has gone

through the screening committee, and unless the recommendation has been made that the needs of the child cannot be met throughout the state. The out-of-state placements tend to be more expensive at a cost of $2,000 a month. Also if it is necessary to have the family treated along with the child, the out-of-state treatment is very difficult. She feels this facility would decrease the out-of-state placements.

REP. HURWITZ asked about the information regarding the children on a waiting list, the 60 bed facility seems to already be filled.

MR. ROSENLEAF felt he was not a bit surprised by DR. MOLINEUX studies, and he felt the amount of emotionally disturbed children in the state was too low.

MR. LEWIS felt that at first they recommended 40 beds, but with MR. SOUTH'S input plus others, he feels that 60 beds would be adequate. He feels this program is growing quite rapidly, and there will be need for this down the road.

MR. ROSENLEAF stated if you start talking about building a program that is approaching 80 or 100 children, you are talking about losing the quality of treatment both from the staff and the children.

DR. HAMILL stated he feels hat 60 beds is the minimum amount to be considered, and Anaconda would be the first choice, but if that would keep the Legislature from passing the bill, then pass the bill for funding authorization and have it be decided by the Site Selection Committee and recommended by Mr. South.

REP. DONALDSON stated he wanted to bring up the fact there is a labor problem in Anaconda, and he noted the difficulty in working with six unions. He felt some of the resistance to Anaconda as a site was due to the unions.

MR. SOUTH stated he doesn't feel there is any difference where this is placed, because under the Collective Bargaining Law, it is just a matter of time until they are organized everywhere. Glendive is currently enrolling many of the employees at Eastmont.

MR. ROSENLEAF stated they work with the two largest union representatives, one for the professional staff, one for the independent union employee, one for the nursing staff, and the RN and LPN Association. He has not had any personal difficulties with them. He felt wherever you go you will be dealing with those bargaining units.

THE CHAIRMAN stated the LFA indicated they did a study of the Children's Unit last fall, and would like to see that study. He would also like to visit with people from different areas who might lend some expertise to this issue, and he would like to contact someone from the Yellowstone Boys and Girls Ranch. He would like to know more about the matter of intermediate care.

SEN THOMAS asked MR. BRIGGS if he could get some type of poll from the directors regarding site, and size. He would like to OSPI to address two issues, one being the out-of-state placement, and secondly the educational component to this Unit. He would like to find out what type of commitment they would make in regard to funding it and their cooperation with this. He would like to have a representative from the Mental Health Center to attain a collective view. With this information, it would be necessary to discuss with other legislators regarding these key issues before making the final decision.

MR. BRIGGS stated he would attempt to get a poll from the Mental Health Centers.

There being no further discussion or comments, the meeting was adjourned at 9:00 a.m.

GENE DONALDSON, Chairman

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The Long Range Building Subcommittee convened at 7:30 a.m. in Room 129 of the State Capitol, April 14, 1981, with Chairman Donaldson presiding and Rep. Hurwitz and Senator Thomas present. Also present was Ray Hoffman, Legislative Fiscal Analysts Office. The meeting was called to hear testimony on the proposed Children's Unit on the size and location of it.

Chairman Donaldson said there are two delegations present - one from Billings and one from Missoula. He asked the Billings group to present their testimony first.

REPRESENTATIVE CHUCK COZZENS, Billings, District 64, said there were three people present from Billings to speak. He introduced them.

MARY NORTH, Billings, Billings Chapter of the Mental Health Association, spoke on volunteer services. She said she was here primarily to address what we feel would be a logical argument to consider Billings as a potential site for the Children's Center. She said in taking a look at a choice of site the role of the community is important. She said they have expertise for staffing, consultation, and supervision of such. In addition, the Yellowstone Boys and Girls Ranch is near Billings, Eastern Montana College with its special ed program is there and they now have a program for emotionally disturbed adults. She said the area she wanted to point out was the potential support from the volunteers in the community. She said they have developed innovative programs in meeting the needs of youth. There are programs between the community and the court youth system, the Mental Health Center and the Mental Health Association. Their organization works to meet the social needs of the long term mentally ill. There is a lot of evidence of support of the programs like this.

Senator Thomas asked concerning the close proximity to the Boys and Girls Ranch. Would we be putting all our youth - projects in one place and so make it difficult to serve the other parts of the state? Mrs. North said there is a facility for the less disturbed child in Great Falls and plans call for the continuation of that program. She said even though Billings is not central, it is more centrally located than some of the other population centers. She said it is important to have treatment as close to home as possible.

In response to a question, Curt Nichols, Legislative Fiscal Analysts Office, said the RITZ (Residential Intermediate Treatment Zone) in Great Falls is the cooperative efforts of several state agencies and provides intermediate level care for emotionally disturbed children. They do not need the physical care that those with an acute illness need. He said The Yellowstone Boys Ranch offers both levels of treatment. He said the RITZ is intended to be a community based project while the Children's Unit would be a self-contained service.

DAVE GORTON, Billings, Yellowstone County Commission, said the Commission and Yellowstone County is supportive of a project of this nature and excited about the possibility of being selected as the site. He left several letters of support which include: Dr. Donald Harr, Psychiatrist, Ex. 1; Dr. John Vandiventer, President, Eastern Montana College, Ex. 2; Judge Diane Barz, District Judge and Youth Court Judge, Thirteenth Judicial District, Ex. 3; and William B. Fox, Mayor, Ex. 4. Mr. Gorton said Yellowstone County owns numerous parcels of land which could be used for the site. One he mentioned is next to the Yellowstone Nursing Home in the Billings Heights. This would be about six acres and is in a residential area but not densely populated. It has paved roadways and water. He said there are other parcels that they could consider with the committee and they would do all possible to help acquire them.

Other things he felt that favored Billings as a choice were: 1) rapidly growing population; 2) transportation availability; 3) good environment for the professional people that would be needed; 4) large medical community that have many of the needed specialties; 5) Eastern Montana College; 6) receptive educational system; and 6) broad based community support.

DAVE GOSS, Chamber of Commerce, Billings, said their organization supports the possibility of having this facility in Billings. He said they stand ready to assist the state in any way. He said they have the facilities to compliment a facility of this type such as medical, They also have the type of things in a community that the staff people would want like retail stores, schools for the children, cultural programs, etc. They also have the facilities for the visitors as they have upwards to 3000 motel/hotel rooms available and airport flights anywhere and three bus lines. He said the community attitude has been shown to be supportive. He said the prison halfway house has been there for a year with no complaints and it is located in the downtown area. He said there will always be a few people who will not appreciate having a facility like this but he said they would be willing to work with the state in overcoming this.

SENATOR PAT REGAN, Billings, District 31, said she felt Billings is a grown up community in a social sense. She said the attitude is extrordinarily healthy toward helping facilities. She said the school system is large enough so they can handle these children in a self-contained classroom as she supposed some of the children would not be able to function in a classroom situation. She said the Billings school system is very sophisticated, very accepting and very responsible.

REPRESENTATIVE ESTHER BENGTSON, Shepherd, District 59, said she is familiar with the Developmentally Disabled Council. She said the community has accepted the handicapped very well. She said the suggested parcel of land in the Billings Heights is in her particular area and she would be willing to work with her people there to explain the facility.

She said when they became aware that the subcommittee was looking at other sites they called and got immediate results from their community. She said she was proud of Billings that it has come up with this positive support on such short notice.

REPRESENTATIVE LES KITSELMAN, Billings, District 60, spoke in support of Billings being chosen as the site for the Children's Unit.

CLIFFORD MURPHY, Billings, State Board of Mental Health Association, said he would like to clarify the position of the Board. He said they have recognized the need for a facility for the severely emotionally disturbed children. He said since they did not know there would be available funds they had the difficult decision to make as to what could be an alternative. He hoped consideration would be given to the type of support services available in a community. He felt having adequately trained personnel for the facility was a crucial problem. He said they had agonized for months as to what they should do. He said the general community support for the women's security prison and for men coming out of Deer Lodge has been wonderful.

The next speaker was DICK ROSENLEAF, Director of the Children's Unit, Warm Springs. He said he was gratified to see there is interest in the program. He said it is heart breaking to see the need for this unit getting thundered under for fighting on the site. He said the largest number of their children do not come from large cities but from cities with populations of 10,000 or less. He said he has not had much experience working with the Billings school sytem. He said he has had good experiences with commuting the kids back and forth to Butte and Anaconda schools. He said their experience in those two communities has been positive. He said to this point Anaconda is the only community which has said they would really like to have us. He said the need for this unit is horrendous so he asked the committee to recommend the unit and build it in Broadus if they want to. He said the facility will be self-contained. He asked the committee to remember that these children are ones that are disrupted and disruptive; outraged and outrageous.

SENATOR CHET BLAYLOCK, District 35, said he would like to go on record as supporting.

REPRESENTATIVE TOM HANNAH, District 67, said he would like to go on record as supporting.

DAN HANSON, Billings Boys and Girls Ranch, said they have a total capacity of 116 children and began accepting girls about a year ago. They have a main campus and four community based group homes - three in Billings and one outside Red Lodge. He said their program is nationally recognized for serious and moderately disturbed children. He said they have a diagnostic

assessment facility that is fully staffed and produces assessments that have been acclaimed as excellent by all the people served. He said they have six levels of continual care within their organization. They have their own educational system which is very specialized and a model in itself. He said their only interest is that services they provide do not be duplicated by state facilities. He said they do not duplicate and do not plan to the types of services provided by the Children's Center. He said they have children that were in the Children's Unit and children from the Ranch have gone there. He said better facilities are needed for the Children's Unit. He said the Ranch facilities are provided at no cost to the taxpayer. All the facilities are provided through contributions from foundations. The cost of operating is supplemented by contributions so not passed on to the contracting services.

Chairman Donaldson said the facility is not intended to duplicate the Ranch's efforts. The hope is to make it dovetail. The main concern is to get the acute back into the main stream. He asked if they dovetail today. Mr. Hanson said they have wanted to work with the state institutions to provide the broad continum of care for as a child gets better he can handle less restrictive settings and he should be referred to the program that can best fill his needs.

Chairman Donaldson opened the hearing to the delegation from Missoula.

JOHN LOUCKS, Missoula, Mental Health, said he was grateful to be asked to come and talk to the committee. He said he was a Pastor of the First Christian Church. He said he would like to expel the myth that Missoula is not interested in a Children's Psychological Hospital. He said he had a portfolio containing 21 letters that were garnered within 24 hours. A letter containing his testimony is EXHIBIT 5. Letters left by Mr. Loucks for the committee include: Robert Deacon, Associate Professor, Dept. of Social Work, University of Montana; EXHIBIT 6; Charles E. Lear, M.D., Western Montana Clinic, Msla, EXHIBIT 7; Mayor Bill Cregg, EXHIBIT 8; Missoula County Commissioners, EXHIBIT 9; Deborah M. Bond, EXHIBIT 10; Mrs. Robert D. Watt, EXHIBIT 11; Robert D. Watt, EXHIBIT 12; John C. Spores, Chairman, Dept. of Social Work, U of M, EXHIBIT 13; Carolyn A. Adams, EXHIBIT 14; Carolyn S. Eagle, EXHIBIT 15; Helen McMenamin, EXHIBIT 16; Mabel C. Orr, EXHIBIT 17; Arlene Breum, EXHIBIT 18; Alma Adams, EXHIBIT 19; Patsy Green, EXHIBIT 20; Mr. and Mrs. Earl Salinousen, EXHIBIT 21; JoAnn B. Byler, EXHIBIT 22; Stella Jean Hansen, Msla, Mental Health Assoc. Board Member, EXHIBIT 23; Donacienne C. Corr, EXHIBIT 24; Laura M. and Lowry S. Risdahl, EXHIBIT 25.

LARRY WHITE, Administrator of St. Patrick's Hospital, said they are one of four general hospitals that offer acute inpatient psychological services. They felt the professional resources to support a child psychological facility of the type being considered most assuredly existed in the city of Missoula. He said they would welcome the facility in their community.

Pastor Loucks said there is approximately three acres of land located near old Fort Missoula which might be used for the facility. He said it is surplus land that was given to a citizen's group in Missoula and has been deeded over to the Mental Health Association and could be available for a site. The site would be close to the Missoula Community Hospital. He said it is a scenic part of Missoula and an excellent location. He urged the committee to seriously consider Missoula as the site.

Senator Thomas said he was concerned that the approach to the project was as if it were starting at ground zero. He said they are building a building for a very successful program. He said this group of children has failed with the professionals of the community. The program is self-contained.

Pastor Loucks said he concurred with what Senator Thomas was saying. He said the professionals in the self-contained system will need supportive programs and they have that.

Rep. Hurwitz asked if Pastor Loucks would address how the university system looks at this. Pastor Loucks said they have a great interest as is shown in the letter from the Department of Social Work. It could be part of the educational process for the students in social work.

Rep. Donaldson asked about community support and attitude. He said he understood there had been some problems in locating certain group homes in Missoula. Pastor Loucks said he was relatively new to Missoula as he has been there only two years.

CLARK ANDERSON, Director, Mental Health Assoc., said he supports what Mr. Rosenleaf has said. He hoped the committee didn't get so hung up on the politics of having a building that they lose site of what is to be done. He said he would like to point out something. He said they have the largest population of the state and have enjoyed the smallest level of state support in the state. He said Missoula could take care of these things. He said they learned only yesterday that this meeting was going to take place and a great many people became interested quickly. He said there is a lot of interest on the part of the University as they are eager to have a training site for some of their students. He said he was not aware of any group homes that were considered. He felt they had a tolerant, understanding community.

Rep. Donaldson said the appropriation for the facility was turned down by the committee and now they are going back to see if that decision was proper.

Senator Thomas expressed a feeling that putting the facility in Missoula might make treatment a second rate thing.

Mr. Anderson assured him that students who think we are there for their convenience have an awakening. He said service is first and training is secondary. He said the people in charge will set the goals not the university.

DORIS WHITE, St. Patrick's Hospital, said they received a phone call late in December to provide treatment for a 9 year old youngster. No other place could take him. She said this shows the compassion and concern they have for children. She said people do make an effort to support this type of system.

REPRESENTATIVE EARL LORY said he would like to address one aspect and that is that the role of the university would be a supportive role. He said the medical facilities are excellent.

BILL HICKEY, Anaconda Public Schools, said he saw the building of the unit as a strong need. He said he has worked with Dick Rosenleaf for a long time - first with the OPI and then through the school system. He said Anaconda is a feasible site as it is a medium sized town. He felt a medium sized town would be better for these children coming out of their self-contained setting. He said they can give individual attention as they have only 600 children in their high school and 600 in the grade level. He felt the mainstreaming would be better in the medium town especially in Anaconda as the community would lend its support and be behind it. They would become more involved. He said they do have reasonable quality living and attract reasonably quality people. He felt anyone would be willing to live in their area. He said they are alive and well, happy and healthy. He felt they should be given strong consideration for the site.

Rep. Donaldson said they did visit Warm Springs and the Anaconda site. He felt there was a danger in clustering services as in so doing you may weaken the whole service.

REPRESENTATIVE RED MENAHAN, District 90, Anaconda, said people sure get on the band wagon when there is a dollar to follow. He said they can provide what anyone else can. He said at the Anaconda High School there is not a lock on a locker.

SENATOR WILLIAM F. HAFFERMAN, District 11, Libby, said in his opinion there is a need for really adequate housing and environment for a successful program. He urged the committee to be sure that what is done now will address that and set the foundation for the next fifty years. He felt the need thing should be kept in mind and it should be done. He said in Anaconda they have been doing it and will continue to do it.

REPRESENTATIVE JOE BRAND, District 28, Deer Lodge, said the desire is to put these children in the mainstream of society so they can be "competent" adults.

Senator Thomas asked how the Mental Health Association Directors felt about the size of the unit. Mr. Anderson said the idea of clustering is of some concern. He said they are a little concerned about the size. Mr. Rosenleaf said he also was concerned with the size but went for 60 because of the waiting list. He said to offset the size it would be divided into four units of 15 each. Mr. Anderson said he is a believer in community service - do you have nothing or a 60 bed unit.

Another gentleman expressed a feeling that a group should only be about six with this kind of severity. Mr. Hanson said their Ranch operates on a group of 8.

Mr. Rosenleaf expressed a concern at losing some of his staff if the facility were moved. He said it takes two to three years of intensive training for the staff and duplicating them is tough. He felt he would lose about 50% of his staff.

Mr. Anderson said he appreciates what Mr. Rosenleaf is saying as the average life of a professional in this field is two years and four months.

DALE R. CURRY, Office of Public Instruction, responded to a question concerning federal fund availability that it is difficult to say. He said theoretically there should be a small portion of set aside funds that can be used this year. He said next year there would probably be none.

Mr. Hickey said his school district would be happy to put in a request for set-aside funds which could be used for equipment and books and other things allowed.

CARROLL SOUTH, Director of Institutions, said it would take a 2/3 vote to increase the bonding authorization. He felt a dispute over the site might make this more difficult.

Chairman Donaldson closed the hearing as the members were needed at another meeting. He said they would come together in about half an hour to further discuss the issue. The time was 9:18 a.m.

Chairman Donaldson reconvened his subcommittee at 9:50 a.m. in Room 129. Rep. Hurwitz and Senator Thomas were present. Chairman Donaldson said the subcommittee had reconvened after hearing the testimony to come to some decisions to report to the full committee.

Rep. Hurwitz moved that the facility contain 60 beds and be built in a modular style that would provide flexibility on the placement of these children. The suggestion was to have four fifteen bed units. This motion carried unanimously.

Senator Thomas said they have not encountered a negative feeling as to the need of having this facility built.

Rep. Hurwitz said the feeling of the committee seems to be it should not be at Warm Springs.

Senator Thomas asked of the possibility of using one of the empty buildings at Warm Springs as a temporary holding facility for female offenders. Perhaps use it for a year or so until that problem could be addressed. Rep. Hurwitz said he would rather the subcommittee stay out of that completely.

Chairman Donaldson said all the empty buildings at Warm Springs concerned him.

Rep. Hurwitz asked if we could resolve the matter of whether it is important to have it in a metropolitan setting.

Chairman Donaldson said the next step is making a decision on a site. He personally felt a recommendation should be made. He said he had visited with Rep. Bardanouve who feels it should be left with a committee to make that decision.

Senator Thomas said he gets the feeling in the Senate that it should be narrowed down to about four site selections and then maybe given to the interim legislative finance committee to decide.

Rep. Hurwitz said he felt the subcommittee should come up with a recommendation and then it could be taken or not. He said they should focus in on one or the other location and the reasons for it. He said the difference between Anaconda and Billings or Missoula are the facilities available in addition to what is at Anaconda. He said they should not be led by the fact that Anaconda is a depressed area. He said Dick Rosenleaf has a really good program but he is not forever.

Chairman Donaldson said that Billings is his first choice.

Senator Thomas said that Anaconda would be his first choice and Billings his second choice.

Chairman Donaldson said he didn't think we would get a children's unit if we pushed for Anaconda.

Senator Thomas said Billings would be closer to the population center and there would be good transportation communication between the RITZ at Great Falls.

Rep. Hurwitz asked concerning cost if the money was appropriated. How much time would it take? Ray Hoffman, Fiscal Analyst Office, said since there isn't any plans now - just a rough drawing of Mr. Rosenleaf's - it would be October or so of the next biennium before it would be operational. He said the present appropriation request does not contain any operational budget. That would give time to transfer people and

hire new staff if needed. He anticipated it would cost 2.4 million in 1983 and 2.7 million in 1984. He said Mr. Rosenleaf's budget calls for 118 FTEs and theirs has 99 FTEs. He said a full time psychologist is not provided by the department. He said this could be handled in two ways - contracted for or a full time one hired. Mr. Hoffman mentioned the square footage for 60 children facility would cost 2.62 million to build.

Mr. Hoffman said the current cost is $116 a day at Warm Springs and Mr. Rosenleaf conceptualizes it would cost $113 a day in the new facility. He said Warm Springs is expensive but is performing a good service. Medicaid might be available - at present not a certified area so not getting anything.

Rep. Hurwitz thought the facility would work in either community. Billings has some things going for it as it is centrally located and there is already a program going there. A city that size should have a psychologist with whom they could contract and who might be of a higher caliber than one the state could afford to hire.

Mr. Carroll Smith, Administrator, Dept. of Institutions, questioned if they were going to recommend a site if they shouldn't advertise so all areas would know they were thinking of another site. Rep. Hurwitz said this would be more true if they were thinking of Anaconda as there are a lot of cities that size. But if you are thinking of metropolitan areas this is not as true.

Senator Thomas said Great Falls is interested but doesn't want to appear hoggish.

Mr. South said they recommend Anaconda. He said some people will say they didn't know it was wide open.

Senator Thomas asked if there was any opposition to putting it in Billings. Mr. South said he doesn't want to see it shot down because of the location. He said they will build and support it wherever the legislature decides to put it.

Rep. Dussault said she was less comfortable with the proceedings all the time. She said she keeps feeling there should be some kind of criteria in relation to the program in determining the site. She said she didn't know what the criteria will be. She said they were rushing awfully quickly to do something that will last 50 years. She felt it should be judged from the standpoint of whatever type of services are available. She felt this decentralized centralized facility could work in either community as the other type of services are relatively available. She said the question is whether to get it funded this trip.

Senator Thomas said they had toured Warm Springs and the program. The program is self-contained in nature. The program needs very few external type of expertise or services. Reason

it is working so well is they were able to take and develop a program they feel good about. Good feeling about the type of job. Rep. Hurwitz said his feeling was the program was built around Mr. Rosenleaf - he was the innovative head and has a great feeling for what he is doing. As a consequence that thinking has rubbed off on the people he is working with. Chairman Donaldson said if you have a good program, you will attract staff no matter where it is. He hoped Mr. Rosenleaf would stay with the program. Senator Thomas agreed top priority is the staff and the program and the director.

Rep. Dussault said what we have is a very innovative program that works with kids. Dick has developed a model program and now he is trying to design a facility for the program. She feared the legislators might be so caught up in the enthusiasm they might make an error like with the prison.

Chairman Donaldson said we could be making a mistake by waiting too long. He felt a basic decision should be made on the size and location.

Mr. South assured them the facility would be studied so mistakes fifty years down the road aren't made.

Rep. Hurwitz made a motion to place the facility in Billings as a first location recommendation. Chairman Donaldson suggested the subcommittee make all decisions tentative at this point and come together with a final decision about two o'clock. The motion carried unanimously.

Meeting adjourned at 10:25 a.m.

Respectfully submitted,

GENE DONALDSON, CHAIRMAN

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MINUTES OF THE MEETING OF THE JOINT APPROPRIATIONS
SUBCOMMITTEE ON LONG RANGE BUILDING
April 15,1981

The meeting was called to order by JACK K. MOORE, Chairman, at 8:00 a.m. in Room 129, State Capitol. REPS. HURWITZ, DONALDSON, BARDANOUVE and MANUEL were present.

CHAIRMAN MOORE opened the meeting to the consideration of amendments that would reinsert the Children's Unit in HB 666 and HB 563.

REP. DONALDSON moved that HB 666 be amended in the following manner: Page 7, following line 19, insert: "Children's Unit. Billings. $2,626,000 0". This motion carried with REPS. DONALDSON, HURWITZ, BARDANOUVE and MANUEL voting yes and REP. MOORE voting no.

REP. DONALDSON moved that HB 563 be amended on page 1, line 17, by striking "$31,104,505" and inserting "$33,730,505". This MOTION CARRIED UNANIMOUSLY with all present.

Meeting adjourned at 8:15 a.m.

Moore

JACK K. MOORE, Chairman

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ATTACHMENT XVIII

CHILDREN'S PROGRAM

STATEMENT OF PHILOSOPHY

The following is a brief statement of the philosophy of the Children's Program and the present staff followed by some ideas, recommendations and suggestions as this pertains to the proposed new Children's Unit for 60 children, the site to be located at Billings, Montana.

The Children's Unit at Warm Springs State Hospital which began in June of 1976 has developed a rather unique multidisciplinary team approach and philosophy to the treatment of seriously disturbed children. As a prelude to this philosophical statement, it is very important to point out that the Children's Unit of Warm Springs State Hospital was developed and continues to function for the sole purpose of dealing with those children who have been described as the most seriously mentally and emotionally disturbed in the state. It is therefore, important to define by characteristics as well as diagnosis, this rather hard core population whose needs have been under-met in community based or other institutional programs and have consequently not responded to treatment. The type of child referred to for long-term residential services at the Children's Unit has historically had at least four to six of the following ten major social and psychological characteristics which have precluded their successful treatment in other programs. (1) Suicidal attempts, (2) physically destructive to property for no apparent reason, (3) assaultive toward others with little or no provocation, (4) actively hallucinating, i.e. seeing or hearing things that causes them to act irrationally, (5) so withdrawn as to be not communicative much of the time, (6) suffering from severe depression which can be connected to or exhibited by the above behaviors, (7) have run away from several placements including locked units, regardless of how positive the placement may seem, (8) have developed a delusional belief system that moderates their lives completely, (9) have already failed in three to five or more community based placements, and (10) are of normal intelligence but are two to four grade levels behind in their educational status. In addition, these children have more typically had a history of traumatic family loss, breakup or chronic interpersonal inability to communicate. In addition these children have quite a long history of both being abused as well as being abusive within the family structure as well as within the educational and community structures. Their self-images are quite poor and they tend to see themselves as "bad children".

As a starting point in terms of philosophy, the two most important considerations are first, the control of the environment of the child to provide for both the safety of the children as well as the staff. These children, as stated above, have a long history of acting out and of destructive behavior and until this behavior can be brought under some control, there really is no issue of meaningful treatment. The second issue in terms of philosophy is the development of a rather highly complex multidisciplinary staff who have the ability to 1) deal with the children in relation to their own professional disciplines, and 2) work in a multidisciplinary level with a number of other staff from other disciplines. This approach is not nearly as easy as it sounds when it comes to implementation. The big issue always is getting the staff to work together as a team and to agree on a consistent treatment plan of action.

Under this framework then, of the control of the environment and the use of the multidisciplinary team approach, it is then possible to look at the individual as well as the collective problems of each child to such a unit. The approach this unit has taken is to look closely at the history of the children admitted by meeting their development, i.e. particularly their developmental social histories, looking for difficulties in the following areas, 1) developmental fixations, 2) ability of the child to interact with adults as well as with peers, 3) interpersonal as well as interpsychic processes which have caused the child to think, feel and act in various antisocial, irrational and destructive ways, and 4) the actual behavior of the child and how that relates to the patterns of interaction above delineated.

The treatment of the seriously emotionally disturbed is consequently an interrelated and most complex process. Possibly the simplest way to try to break down this process is to look at the functions of evaluation, treatment and placement.

It is the philosophy of the Children's Unit at Warm Springs State Hospital that the problems which are causing the child difficulty at home are also the problems which are impeding that child's progress in terms of education, recreation and development of living skills, body coordination and that child's ability to interact and function at the community level. It follows from this that the staffing as well as the treatment plan of each child and the development of their subsequent treaTMENT PLANS MUST BE DONE WITH THE ACTIVE PARTICIPATION OF ALL OF THE ADULT SPECIALISTS SO DESCRIBED. Various aspects of the child's problems are highlighted in each and every activity that they are involved in including the community structure under which the children live. The value of the treatment is (1) that it is highly concentrated, (2) 24 hours a day, (3) extremely intense, (4) is in a position to minimize the amount of escapism and manipulation from their real problems that otherwise have occurred in less structured community based and other institutional programs. The primary issue has become those of (1) dealing with loss of grief, (2) learning to be responsible for one's own behavior, feelings and actions, and (3) learning the limits of one's power and authority as this relates to attempting to deal with the problems of other people, particularly those of the child's family.

Within this context, all of the therapeutic modalities and interventions that are currently available can and should be used with specific children. This can include Gestalt therapy, behavioral therapy, rational emotive therapy, traditional ego psychology methods, family therapies and the use of chemotherapies in the case of severe schizophrenic disorders, serious depressions or manic-depressive moods. The generalized view, however, remains that the child's difficulties come out of his developmental history, that they are processes, that their behavior, thinking and feelings are in fact purposeful and that they are meaningful to modification and change as well as control in a sense that it is felt to be the first job of the adult to help control the child's life and that childhood by definition of its dependence. Indeed one of the primary problems of the children is that they have not had the safety within which to be children.

At the present time the staff of the Children's Unit includes a half-time psychiatrist, two social workers, one psychologist (one vacancy which we are hoping to fill), one recreational therapist (one vacancy which we are hoping to fill), one full-time music therapist, one educational program manager and three teachers, one prevocational counselor and two aides (one vacancy in the aide position). In addition the staff has a ward clerk and a 24-hour a day nursing staff which includes on the supervisory level, one RN III, two RN II's, five LPN's and some twenty psych aide I and II's and two psych aide III's. This staff pattern will need to be considerably expanded as is pointed out in our staff proposal in order to meet the needs of the sixty children in the new unit. Inservice training needs to include a good deal of training in normal human behavior and development with specific emphasis on the maturation, individuation and separation process of human beings. In addition inservice training should include training in the specific diagnostic conditions percepted by children and finally a good deal of training in the dynamics and interaction of family problems as well as training in the group and family therapies and individual therapies of staff at whatever level need to be involved in the training sequence. It is also our view that the spouse's and families of staff should be involved in some of the training processes since the work is so demanding and so intense. It is well known that it affects the lives of staff that work on this unit. Provision and staffing should also be made for dealing with the very high burnout factor among staff who work with seriously disturbed children.

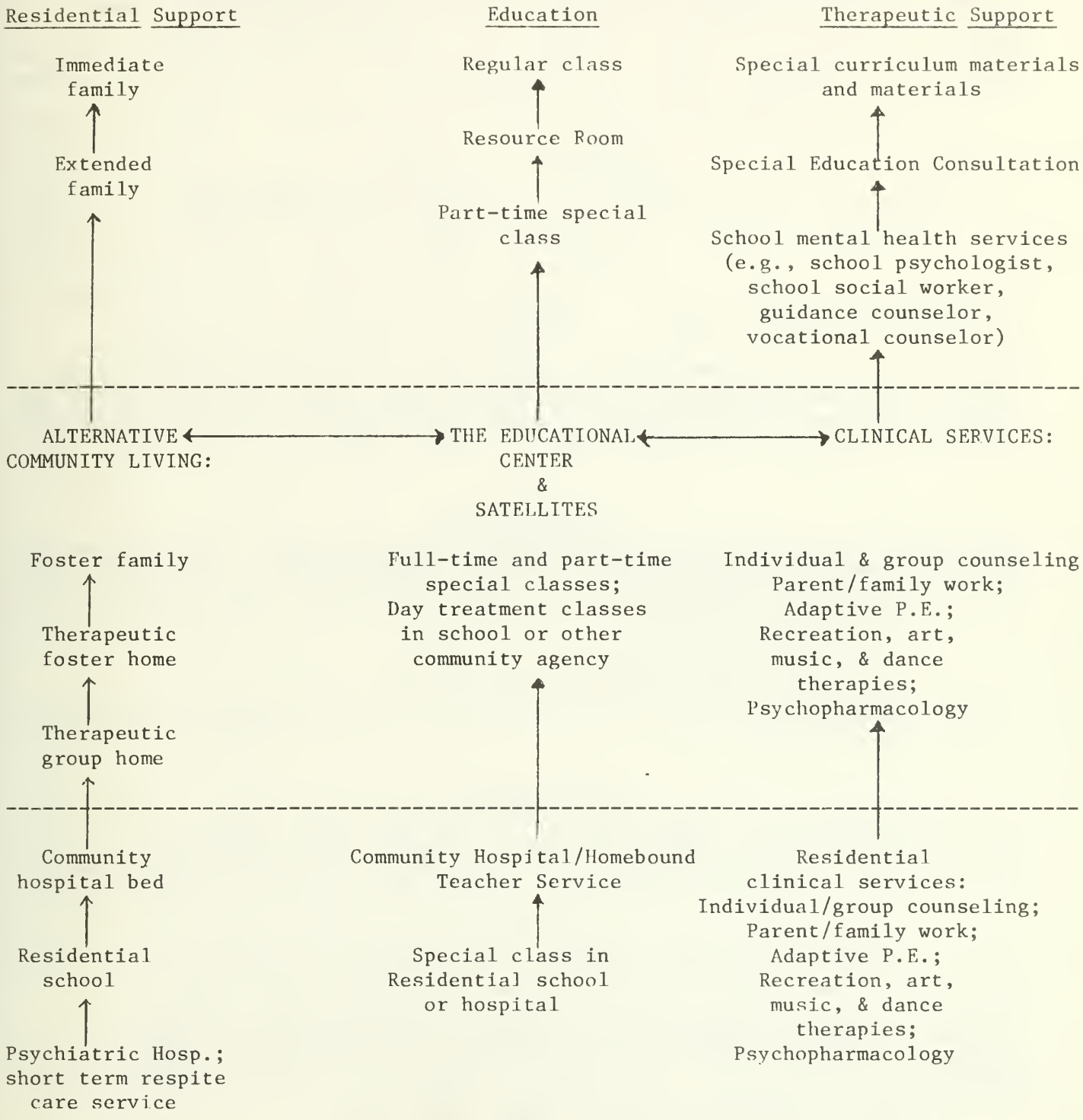
The proposed unit calls for 15 bed modulars with a clear cut demarcation and essentially the development of two specific programs, i.e. children ages 12 and under and children 12 to 18. This division is required because of the differences in therapeutic approaches different to each group. In the younger age group a good deal of nonverbal work is done and therapy takes the form of play, activities, recreation and also requires a good deal more supervision.

The above ideas, etc. are certainly not to be all inclusive but is a set of ideas and suggestions from which a more complete philosophy as well as treatment program can be evolved.

John Rosenleaf, A.C.S.W.
Supervisor, Children's Unit

EXHIBIT A

The Educational Center's Role in the
Continuum of Services
Needed for SED Students*



* Arrows indicate the importance of continual movement in delivery of services toward the least restrictive setting.

CHILDREN'S UNIT LEVEL SYSTEM

The Children's Unit has a level system which defines the child's rights and duties as to basic living needs and activities. It is to provide observable management of behaviors to demonstrate to the child his/her progress through the therapy programs as well as to provide a framework for consistent staff response. As required by individual cases, treatment plans will modify those rights and duties covered by this system. There will be four open ward levels. (Discharge, A, B and C) and three closed ward levels (d, E and Admission).

Description of Levels

Please refer to Appendix for level-particular rights and duties.

Admission Level

Upon admission or readmission, a person will be restricted to the ward except for scheduled, supervised activities. Unscheduled activities and food center privileges will not be allowed due to the need for observation and security. While this level is intended for observation and evaluation, the children will become part of therapy groups and be assigned an individual therapist. After two weeks on Admission level, a child may request application for the less restrictive D Level.

Level E

Level E provides the most restrictive environment and it is for those persons who demonstrate need for behavior control in the following areas:

1) hurting one's self,
2) hurting others,
3) destroying property,
4) running away,
5) sexual encounters,
6) stealing,
7) drug abuse.

Level D

Level D is a limited privilege level on which children demonstrate basic behavioral control in the previously mentioned Level E behavioral control areas.

Level C

Level C is the most restrictive open ward level and will require staff supervision. Open ward generally designates the child's right to spend a designated amount of time on Unit 66 with its extended privileges and open door policies. Behavioral issues are the predominant consideration for Level C placement. Demonstration of appropriate behaviors in the following areas are required:

1) no verbal abuse with or without obscenities,
2) no pestiness
3) therapists agree the child is working and/or handling therapy issues (verbal production, emotional and/or belief structure changes are not required - nonverbal work is acceptable)

4) no horse play with peers or staff,
5) following the rules and regulations of the unit,
6) having few restrictions,
7) Individualized issues of safety will be therapeutically resolved in staff opinion, i.e., history of running, suicidal attempts, aggressiveness, drug abuse, etc.

Level B

Level B placement consideration will be wholistic in evaluation of the child's course of treatment (observable behaviors and intrapsychic activity). Therapy issues will be given the most weight for consideration of placement on Level B as opposed to general behavioral patterns. To be placed on Level B, the child must demonstrate insight into his/her personal issues with concurrent, observable attempts to implement changes in behaviors, cognitive processes, (delusions, orientation and reality contact) and emotional states.

Level A

Placement on Level A will require significant changes as distinguished from the aforementioned attempts at change. On this level, community involvement issues will be addressed with the realization that home visits may be requested by the child on this level. Discharge issues will be resolved with placement plans solidified.

Discharge Level

When a child has a placement with a designated departure date, he/she will be placed on this level. Persons determined by staff to be able to benefit from the Pre-Release Program will be transferred.

Application for Levels

Advancement from Admission Level to Discharge Level will be accomplished by an application procedure.

The Children's Privilege Council will meet weekly. To receive a level application, the child must request it and a majority of the ward population to support that request. Also, they must have been on their present level for one week (Admission Level for two weeks). The exception to the Privilege Council granting applications will be the movement from Level E to Level D. The treatment team will review the behaviors resulting in Level E placement and grant application to Level D. There will be no skipping levels; he/she must go one level at a time demonstrating the ability to handle the less restrictive environment of each succeeding level.

The application requires the child to contact specified staff members who will either approve or disapprove the application based on their evaluation of the child's success in meeting requirements for placement. Selection of staff will be determined by the expectations of the level and staff involvement with those expectations.

The Level D application shall have five signatures of direct care staff, a psychiatric aide from the day and afternoon shift and an LPN from each of the three shifts.

Level C being the first open ward level a child may attain, he/she will contact all staff or their representatives.

Level B requires observable attempts to change behaviors, cognitive processes and emotional states. This broad spectrum of change will require all staff (or representatives) to be contacted by the child.

The following Level A application staff will address community involvement issues: school teacher, recreational therapist, head nurse, prevocational teacher and the primary therapist.

Discharge Level will not require application but rather placement by treatment teams. Concensus by the team and child as to readiness for community placement will be stressed.

The child shall request a staff member to sign his level application. The staff member will sign "approved" or refused". If "refused", the staff member will state the reason on the back of the application. The child must then wait three days to again ask the staff to approve his application. Staff may specify an extended time wait for up to one week (7 days) for specific problems to be worked on. If a staff member refuses three times, a child may request a hearing by the treatment team to determine if there is any bias in the situation. Should a child request a signature before the three days are up, he/she shall love his/her application permanently. Should a child be denied his/her application by his/her peers several times, he/she may request the treatment team to determine any unwarranted bias.

The loss of a level will be determined by any staff member who has noted that a child is not handling his/her particular level according to the description pertinent to that level. A child may be dropped either permanently or on a three-day bias depending upon the staff member's discretion. A child will be dropped to that level corresponding to his/her behaviors.

Appendix I

Description of Levels - Rights and Duties

Admission Level

Admission Level will have Level D snacks, food serving, wash days, naps, earrings and game room privileges. All other Level E restrictions will apply.

Level E

Snack time once daily on afternoon shift.
Ten cigarettes a day or three cigarettes if a runaway and, in a gown.
One wash day per week; no washing on a free day.
Only one serving at meals.
Restricted to ward except for feed center and scheduled activities.

No cosmetics or aftershave.
No use of blow combs or curl irons.
Must use state shampoo, not personal shampoo.
No free use of game room.
No free use of games, models, toy.
(Will be able to read books if careful).
Must sit at same table at food center.
No naps.
To carry trays back for children restricted to ward or, those who are new admissions.
No earrings.
Last in food center line to keep close observation.
Cannot go to the gym.
No hard toed shoes or boots or pointed toed shoes or boots.
(Must wear tennis shoes in building only; may wear snow boots for outside activities)
Restricted from gold room (personal belongings room) except for equipment needed in group activities.

Level D

May have two snacks a day - one on day shift, one on afternoon shift.
May have one pack of cigarettes a day.
May have two servings at meals.
One wash day per week (may not use a free day).
May have unscheduled activities with supervision.
May have cosmetics, after shave, personal shampoo.
May use game room, games, toys and models with supervision.
May have naps, but only once on weekends, on afternoon shift.
May sit with other levels except E at the food center.
Will not have to carry trays unless requested by the staff.
Children with pierced ears may have one post earring set.
No steel toed or pointed toed shoes or boots; may wear regular shoes and boots for outside activities.
No curl irons or blow combs.
May not go to the gym in the evenings.

Level C

May stay up till 11:00 p.m. on Friday and Saturday.
May have unlimited snacks
May have unlimited cigarettes and may carry matches on Unit 66 but not on Unit 67.
One wash day and may use a free day for washing.
Unlimited servings at food center.
May sit with other levels except Level E at food center.
May go to beauty shop.
Those with pierced ears may wear one set of post earrings - no other jewelry allowed.
May keep all personal items on Unit 66 - records, books, etc. - subject to team approval.
May use cosmetics.
May use game room, toys, models, games with staff supervision.
May use kitchen and prevocational facilities with staff supervision.
May go on selected outings with recreational therapists.

Will be given a personal locker which the person will keep despite level movement.
No more restrictive environment.
No ground parole - may sit on steps.
Areas of access on Unit 66 will be the downstairs TV area and open ward dayhall.
Unit 67 access area will include open ward dormitory.
Will attend three supervised meals a day.
Will use back door of open ward dayhall to go to school; will not go through Unit 67.
Will manage laundry and bath schedules in order to minimize contact with lower levels.
Persons on Level C will spend their free time on Unit 66.

Level B

May have two hours ground parole plus extended ground parole when escorted by Level A.
May attend off unit scheduled activities (classes in Central Rehab, etc.) - will not associate with adult patients.
May attend two supervised meals a day.
May stay up till 12:00 p.m. on Friday and Saturday.
Use kitchen and gameroom without supervision.
Workroom off limits without Sup B & H.

Level A

May have unsupervised ground parole within the curfew limits determined by hospital policy.
May stay up till 2:00 a.m. on Friday and Saturday.
Responsible for Level B escorting.
May request home visits on their own.
Responsible for attending scheduled activities without supervision.
Will be expected to act as a co-therapist in therapy groups.
Participation with treatment team on discharge plans - to include trial placements in potential community placements.

Discharge Level

Rights and duties are the same as Level A.

Tim Hamm, Psychologist
Children's Unit

ATTACHMENT XIX

Evaluated by Quality Assurance
July, 1979

LARGE GROUP - CHILDREN'S UNIT

Therapists lead group in discussion, offering clarification and explanations as needed. Individuals are addressed as to their feeling of topic and how it relates to the individual and his illness.	Video equipment is no longer used to tape group.	Utilize video equipment so that tapes could be used as a teaching tool in other areas of the hospital.
Positive feedback is given to children who could recognize their own delusions and its effects on them. Children are allowed to express their feelings openly, with good staff understanding shown and support given.	Only a limited number of nursing staff actively participate in the group, but rather use this time for staff meetings or charting.	Rotate nursing staff attendance so that those persons who have continuous patient contact could be more involved in this aspect of the treatment program.
Role playing situations offer an excellent method of showing both sides to a situation.		
Groups are followed by staff rehash period for professionals. Much direction is provided by professionals in answering questions and through example.		
Unstructured setting is provided for more relaxed atmosphere. No interruptions are allowed which does maintain group structure.	Lighting is poor, room could use a paint job, floor is dirty. Looks very cold.	Possibly, wall art work would create more pleasant atmosphere. Housekeeping could be improved.

Evaluated by Quality Assurance
July, 1978

CHILDREN'S UNIT

Positive characteristics of this unit include: strong leadership, dedication of staff, cohesiveness and teamwork of staff, utilization of each staff member in providing care and treatment, maintenance of effective treatment programs.

Problem Areas	Recommendations
Census is too large, with too many patients committed for evaluation. Documentation suffers and more incidents occur when census rises.	Attempts should be made to hold census at 25 patients. This will necessitate development of community programs and more evaluations done in communities.
Many deficiencies can be noted in the educational programs: Funding-Responsibility for providing funds is not determined. Lack of Supplies, Equipment. Student/Teacher Ratio too low.	Question of responsibility for funding must be resolved between Department of Institutions and Department of Public Instruction.
Lack of information from local schools. Programs attended at W.S.S.H. are not recognized by local school districts.	Department of Public Instruction is aware of these problems and should assist in their resolution.

Evaluation by Quality Assurance

October, 1979

CLINICAL STAFF MEETING - CHILDREN'S UNIT

This meeting, held weekly, is excellent for the following reasons:

The primary therapist offers a case presentation and any changes noted since last review.

Each team member presents progress, or lack of progress, by the child.

Problem are addressed and approaches determined by the entire team.

Staff progress notes are updated.

The primary therapist makes needed changes on the treatment plan.

None

This method of treatment planning should be implemented throughout the hospital.

CHILDREN'S UNIT

WARM SPRINGS STATE HOSPITAL

REVIEW OF CLINICAL SERVICES PROVIDED BY REGISTERED NURSES

Number of Registered Nurses Reviewed: 2 + 1 Unit Supervisor

Date of Review (Month, Year): July, 1980

ASSESSMENT

Does the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N.A.
a. Identify in writing as well as verbally the present physical and emotional condition of the patient and the history of the illness ?	67%	33%				
b. Utilize physical and emotional assessment skills in initial contacts with patients to determine appropriate nursing intervention?	100%					
. Identify and evaluate patient needs and abilities?	100%					

PLANNING

Does the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N.A.
a. Contribute to the development of the patient's long and short-term goals?	100%					
B. Indicate on the patient's treatment plan both nursing problems and approaches?	67%	33%				
c. Anticipate the work flow, delegate appropriate tasks, and complete work within allotted time?	100%					
d. Demonstrate flexibility in response to emergencies, scheduling changes, or adverse conditions?	100%					

DELIVERY OF SERVICES

Does the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N/A
a. Provide skillful, safe care and treatment as indicated in written reports; outlining the plan, treatment, and patient response to nursing intervention?	67%	33%				
b. Evaluate and intervene when necessary in nursing care and treatment delivered by other non-RN personnel to patients on his/her team?	100%					
c. Administer prescribed treatments and medications within limits of professional judgements based on patient's physical and emotional needs?	100%					
d. Report observed physical and emotional reactions to treatment and medications and indicate in writing implications of such reactions?	67%		33%			
e. Identify and appropriately utilize resource persons to facilitate delivery of quality care and treatment.	100%					

PREPARATION FOR DISCHARGE

Does the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N/A
a. Teach the patient to relearn former skills of daily living or master patterns of adaptation to compensate for lost abilities?	100%					
b. Assist in assessment of discharge needs.	100%					
c. Plan activities for the patient designed to integrate new learning into daily life?	67%	33%				

SUPERVISION AND DECISION MAKING

s the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N.A.
. Utilize sound judgement and provide rationale for decisions, in both written and verbal communications?	100%					
. Assign appropriate nursing personnel to the degree of skilled nursing care and treatment required?	100%					
. Demonstrate leadership abilities in nursing conference situations?	100%					
d. Relay pertinent information to provide for continuity of patient care and treatment?	100%					
e. Demonstrate sensitivity to fellow worker's needs as they relate to the job; by providing support, giving advice, or referring to appropriate sources of help when necessary?	100%					

UTILIZATION OF MULTIDISCIPLINARY APPROACH

oes the registered nurse	SCORE BY PERCENT					
	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER	N.A.
a. Respect the specialized role, knowledge, and contributions of other mental health disciplines?	100%					
b. Participate willingly and cooperatively in helping to accomplish hospital and/or treatment unit goals?	100%					
c. Contribute constructive changes and observations to members of the treatment team, giving rationale for suggested changes?	67%	33%				
d. Request and accept constructive criticism regarding professional judgements from treatment team members?	67%	33%				

PROFESSIONAL KNOWLEDGE AND PRACTICE

Does the registered nurse

SCORE BY PERCENT

	ALWAYS	OFTEN	OCCASIONAL	SELDOM	NEVER
a. Accept responsibility as a certified mental health professional person?	100%				
b. Respect the rights of patients and staff?	100%				
c. Adhere to requirements of confidentiality?	100%				
d. Demonstrate an understanding of laws, regulations, policies and procedures?	67%	33%			
e. Communicate this knowledge to others?	67%	33%			
f. Practice within the ethical standards of the profession?	100%				
g. Understand limitations and practice within them?	100%				
h. Accept new ideas and changes?	100%				
i. Participate, as instructor or recipient, in formal programs of Continuing Education directed toward professional growth and development?	67%	33%			
j. Encourage others to participate in inservice education programs?	67%	33%			
k. Promote improved standards of nursing practice through active participation in staff meetings and nursing committees?	67%	33%			
l. Honor established dress code?	100%				

ALWAYS CATAGORY RANKING

1. Supervision and Decision Making.....100%
2. Planning.....92%
3. Assessment.....89%
3. Preparation for Discharge.....89%
4. Delivery of Services.....87%
5. Professional Knowledge and Practice.....86%
6. Utilization of Multidisciplinary Approaches.....84%

COMMENTS

TRENGTHS:

1. Well trained.
2. Ability to supervise and administer milieu.
3. Excellent knowledge of medications - uses and side effects.
4. Sensitive to Nursing Staff and Total Team Problems and possible solutions.
5. Assertiveness in leadership roles.
6. Varied expertise so work load is separated and reduces duplication.
7. Excellent ability to deal with crisis situations.
8. Good assessment abilities.
9. Ability to keep up morale and provide a sense of security for both patients and staff.

EAKNESSES:

1. Lack of adequate R.N. Staff to provide complete coverage and consistency of treatment.
2. Lack of time to provide adequate documentation.
3. Need for ancillary staff so R.N.'s could concentrate on carryout nursing role.

SCORING

5 ---------- Always
4 ---------- Often
3 ---------- Occasional
2 ---------- Seldom
1 ---------- Never
0 ---------- Non-Applicable

CORRECTION ACTION PLAN

CRT #	ACTIONS RECOMMENDED	TAKEN YES	TAKEN NO	BY WHOM	EFFECTIVE YES	EFFECTIVE NO
	1. Continue to strive for excellence in nursing care provided.					
	2. R.N. coverage increased, particularly on afternoon shift, although the unit staff also expressed a need for night shift R.N. coverage.					

DATE FOR RESTUDY January, 1981

EVALUATOR Sharon Sullivan, R.N.

REVIEW OF STUDY

Reviewed by:	Signature	Date
Unit Supervisor		
Director, Quality Assurance		
Director, Treatment Services		

Submitted to Superintendent in Quarterly Report

CHILDREN'S UNIT - PEER REVIEW FOLLOW-UP - REGISTERED NURSES

CORRECTION ACTION PLAN

CRT #	ACTIONS RECOMMENDED	TAKEN YES	TAKEN NO	BY WHOM	EFFECTIVE YES	EFFECTIVE NO
	1. Continue to strive for excellence in nursing care provided.	X		All staff	X	
	2. R.N. coverage increased, particularly on P.M. shift.	X		Unit Supervisor (however R.N. coverage is now on I.A. and is not replaced)	X	
	3. 62% representation of unit R.N.'s attended Professional Staff meeting during follow-up review. This represents a 5% drop from original survey.					

DATE OF RESTUDY 3/2/81 EVALUATOR Sharon Sullivan RN
Sharon Sullivan, R.N.

REVIEW OF STUDY

Reviewed by:	Signature	Date
Unit Supervisor	[illegible]	[illegible]
Director, Quality Assurance	[illegible]	2/6/81
Director, Treatment Services		

Submitted to Superintendent in Quarterly Report

APRIL, 1981

NURSING CARE EVALUATION STUDY

TREATMENT UNIT CHILDREN'S Time Period July, 1980

GOALS OF STUDY

To measure nursing proficiency in patient care and service.

To recognize strengths and weaknesses in nursing care.

To provide a reference of care requirements.

To provide feedback for necessary corrective action.

Nursing Staff in study 25

Discipline	#
Registered Nurses	2
L.P.N.s	6
Psychiatric Aides	17

☒ Original Study ☐ Repeat Study

NARRATIVE DESCRIPTION OF TREATMENT UNIT

The Children's Unit is designed as a long-term residential treatment program for seriously mentally disturbed children which endeavors to implement treatment modalities and programs which are tailored to meet the individual needs of the specific child.

Staffing Pattern Formula: 92.00 DCNS/100 patients

NURSING CARE EVALUATION STUDY

TREATMENT UNIT CHILDREN'S UNIT

SCREENING CRITERIA	Acceptable Performance Level	YES	NO	N.A.	% COMPLIANCE	COMMENTS
I. Patient						
A. Patient admission and transfer					100%	
1. Patient welcomed and oriented to unit.	97% to 100%	×				
2. Clothing, personal effects, and valuables properly processed.		×				
3. Allergies identified and noted on proper forms.		×				
4. Admission forms and treatment plan initiated.		×				
5. Notation made on Nurses Notes and Staff Progress.		×				
B. Activities of Daily living	90% to 100%				80%	B.7 Inside of Building newly painted and environment is much cleaner with patients accepting more responsibility in daily living activities.
1. Bathed at least three times per week.		×				
2. Properly dressed and groomed.		×				
3. Oral hygiene.						
4. Report and record eating habits.		×				
5. Special diets ordered.						
6. Patient teaching in appropriate areas.		×				
7. Room environment neat and clean.		×	×			
8. Participation during activities noted, reported and recorded.		×	×			
C. Treatments	100%				67%	
1. Performed according to hospital policy and procedure.		×				C.2 In a few instances, documentation of results of treatment were not found in patient ward file.
2. Results observed, reported and recorded.		×	×			

SCREENING CRITERIA	Acceptable Performance Level	YES	NO	N.A.	% COMPLIANCE	COMMENTS
D. Medication Administration						
1. Medication in med. cart, properly stored, and cart locked.	100%	×			84%	D.4 Two instances of PRN meds being given but follow-up was not documented.
2. Medication label corresponds to Dr.'s order, MAR, and is given accordingly.		×				
3. Medications refrigerated when necessary.		×				
4. PRN medications administered with reasons and results charted in Nurses Notes.		×	×			
5. All medications properly charted on MAR.		×				
II. Nursing Unit	93%					
A. Personnel	to				72%	A.4 Participation in Q.A. Inservice is excellent by certain personnel but there ar sufficient numbers of people n participating that it is a matter of concern.
1. Personal appearance in accordance with hospital policy.	100%	×	×			
2. Conduct themselves in a professional manner.		×				
3. Familiar with fire and safety procedures.		×				
4. Participate in Q.A. inservice education.		×	×			
5. Participate in unit staff meetings and educational programs.		×				
B. Ward Office	95%				60%	B.1 & B.3 Office and bulletin board cluttered and confusing.
1. Clean, neat, and organized.	to		×			
2. Reference material available.	100%	×				
3. Bulletin boards neat, with current material only.		×	×			
4. Safety and security measures maintained.		×				

SCREENING CRITERIA	Acceptable Performance Level	YES	NO	N.A.	% COMPLIANCE	COMMENTS
C. Medication Room						
1. Neat, clean, and ready for use at all times.	100%	x			100%	
2. Med. cart keys, emergency box, sharps, and narcatics checked every shift.		x				Keep up the excellence in this area.
3. Needles, syringes, and glass items disposed of properly.		x				
4. Stock medications and supplies available at all times.		x				
5. Refrigerator clean, organized and medications stored properly.		x				
6. Resusitator checked and ready for immediate use.		x				
D. Charts	90% to 100%				100%	
1. Complete name and hospital number of patient on each sheet.		x				Charts are neat and it is apparent the constant work that goes into maintaining superior patient files.
2. Nurses Notes						
a. Neat, legible, comprehensive information.		x				
b. Properly dated, times, and signed.		x				
c. Acceptable abbreviations used.		x				
d. Errors corrected properly.		x				
3. Staff Progress Notes						
a. Neat comprehensive, information and current.		x				
4. Doctors Orders						
a. Properly signed and countersigned.		x				
b. Transcribed correctly.		x				

TREATMENT UNIT CHILDREN'S UNIT

SCREENING CRITERIA	Acceptable Performance Level	YES	NO	N.A.	% COMPLIANCE	COMMENTS
E. Treatment Plans	97% to 100%				100%	
1. Patient activities, treatments, therapy and diet entered.		x				
2. Allergies noted in red.		x				
3. Problems and approaches listed.						
4. Responsibility for implementing approaches indicated in correct column		x				
5. Medications listed properly and are current.		x				
6. Problems and approaches that are met or modified in red ink in appropriate column.		x				
F. Seclusion and Restraints	100%				100%	Seclusion and Restraints are us so frequently on this unit th the staff has developed a gre deal of expertise.
1. Restraints properly applied to patient in accordance with hospital procedure.		x				
2. Patient seen by professional person within one hour o application and appropriate order written.		x				
3. Position changed at least once an hour.		x				
4. Patient personal hygiene maintained, linen dry and wrinkle free, I & O, elimation, exercise, etc.		x				
5. Restraints checked periodically for comfort and safety.		x				
6. Proper record of patient physical and psychiatric condition charted.		x				
7. Safety measures maintained.		x				
8. Patient checked at least every 15 mins. and recorded in nurses notes.		x				

CORRECTION ACTION PLAN

CRT #	ACTIONS RECOMMENDED	TAKEN YES	TAKEN NO	BY WHOM	EFFECTIVE YES	EFFECTIVE NO
C.2	Careful attention should be given to documentation of treatment results and follow-up.					
D.4	Also results of P.R.N. meds should be written in file.					
A.4	An effort should be made to single out staff who do not attend inservice and encourage and promote participation by these individuals.					
B.7	Continue to strive for positive esthetic milieu on the unit.					

DATE FOR RESTUDY January, 1981

EVALUATOR Sharon Sullivan RN
Sharon Sullivan, R.N.

REVIEW OF STUDY

Reviewed by:	Signature	Date
Unit Supervisor	[illegible]	7/15/80
Director, Social Work Service, Alcohol Treatment Serv. Unit	[illegible]	7/15/80

Submitted to Superintendent in Quarterly Report October, 1980

CHILDREN'S UNIT - NURSING CARE EVALUATION FOLLOW-UP

CORRECTION ACTION PLAN

CRT #	ACTIONS RECOMMENDED	TAKEN YES	TAKEN NO	BY WHOM	EFFECTIVE YES	EFFECTIVE NO
C.2	Careful attention should be given to documentation of treatment results and follow-ups. (67%)	X		Licensed Staff	X	
D.4	Results of PRN written in file. (84%)	X		Occasional non-compliance but better	X	
A.4	An effort should be made to single out staff who do not attend inservice and promote participation. (72%)		X *	See below		X
B.7	Continue to strive for positive esthetic milieu on the unit. (80%)		X	Unit remains untidy.		X

* Inservice Education Participation
7-3 ----- 64%
3-11 ---- 60%
11-7 ---- 50%
TOTAL 48% of nursing employees attended an inservice education program during 1980/1981 C.E. Calender Year. This ranks 6th among the seven units and represents a 24% drop since original survey.

DATE OF RESTUDY 3/2/81 EVALUATOR Sharon Sullivan RN
Sharon Sullivan, R.N.

REVIEW OF STUDY

Reviewed by:	Signature	Date
Unit Supervisor	[signature]	[illegible]
Director, Quality Assurance	[signature]	3/6/81
Director, Treatment Services	"	

Submitted to Superintendent in Quarterly Report

April, 1981

ATTACHMENT XX

I. BACKGROUND

The purpose of this report is to clarify and explain a number of issues involved in providing treatment and educational services to emotionally disturbed children. This report will attempt to explain the problems and to outline the policy that is developing from several different state agencies.

Emotionally disturbed children have been around for years but were never an issue for state government until recent years when federal mandates and professional concerns began to emerge. In 1975 the staff at Warm Springs State Hospital requested funds for a program to meet the special needs of children being committed to the state hospital. At about the same time that the problems at Warm Springs were being recognized, special education programs were receiving funds and a mandate to serve all handicapped children.

Proposals for a program at Warm Springs became bogged down in discussion of where such a program be located rather than was a program needed. Few people disagreed that the state should provide a program for the special needs of emotionally disturbed children, however, the only active proposal was to place the program at Warm Springs. Many people felt that given an alternative, a new program should not be located at the state hospital but should be located in a larger community. No proposals from communities were forthcoming therefore a children's program was not funded by the legislature.

In 1976, Warm Springs State Hospital applied to the Department of Health, Education and Welfare for a grant to establish a children's program at the state hospital. This application again stirred the debate over whether such a program should be located in the community or at the state hospital. The issue was temporarily laid to rest by the Governor approving the grant on the condition that, "the Department of Institutions develop a plan for the establishment of

community-based residential and out-patient treatment centers throughout the state. (Attachment "A")

Warm Springs was awarded the grant by HEW and the program was established in late 1976 and early 1977. The program immediately found demand for its services beyond the children who were already in Warm Springs. This demand was spurred by the favorable reputation the program quickly established. The population of the children's unit has climbed from an initial 10-12 residents to an average population between 30 and 40 residents.

The 1977 Legislature was faced with the problem of authorizing and funding a program that had been initiated with federal funds. The Legislature responded by continuing the authorization for the program with a condition that efforts be made to get the children into community programs. The minutes of the Appropriations Subcommittee on Institutions state, "It is the intent that these children would eventually be moved to community facilities...." (Attachment "B")

During about the same period of time that the Warm Springs Program was developing, special education programs were finding many emotionally disturbed students who needed residential programs for treatment. In an effort to meet the needs of these children, school districts and the Office of Public Instruction were forced to look to out-of-state programs. The Social Services Division of the Department of Social and Rehabilitation Services was also serving young clients who were emotionally disturbed by placing the clients in out-of-state programs. The most recent estimates of out-of-state placements are 17 clients placed by SRS and 12 clients who have been referred out-of-state by special education programs.

The State of Montana is in the business of serving emotionally disturbed children. During the past biennium progress has been made in improving coordination of all the agencies serving disturbed children. One of the most significant accomplishments has been the formation of an interagency committee of

treatment professionals who review all referrals of children to residential programs to assure that each child receives the most appropriate service from the right agency. A service system for disturbed children is beginning to develop.

The system of services that develops will also involve local service providers such as mental health centers and local schools. At this time it would appear that the state's role will, at a minimum, be to provide residential services, such as those currently provided at Warm Springs and those provided through contracts with out-of-state treatment facilities. This report outlines the plans, as reflected in the Executive Budget, for the development of a system of residential services for emotionally disturbed children.

II. PROBLEMS WITH THE CURRENT SYSTEM

A. The location of the residential treatment facility at Warm Springs State Hospital.

1. The state is currently spending approximately $18-19,000 per year for each resident at the Warm Springs Children's Unit and receiving little or no reimbursement. The reason the state is not receiving reimbursement is that the facilities at Warm Springs cannot be certified and have little or no prospect of certification.

 The major impediments to certification are as follows:

 a. Federal requirements for reimbursement require that, "psychiatric facility services for individuals under the age of 21, be provided by an institution which is a psychiatric facility accredited by the Joint Commission on Accreditation of Hospitals". (CFR-Title 42, Chapter IV, 449.10)

 Beginning in 1979, the Joint Commission on Accreditation of Hospitals (JCAH) will implement a consolidated certification procedure that would require the entire Warm Springs State Hospital to meet accreditation standards in order for the children's unit to be certified. Given current budget constraints, it would seem improbable that Warm Springs could meet the JCAH standards in the foreseeable future.

b. The facility that currently houses the Children's Unit at Warm Springs does not meet building standards for certification. The facility would need major renovation or be replaced by a new facility. A proposal to renovate the facility to meet reimbursement standards was presented to the 1975 Legislative Session. The project would have cost $850,000 in 1975 and was rejected by the Legislature.

2. Federal and state statutes and regulations make special education services the responsibility of the child's home school district, however, state law, 20-7-424 MCA, precludes schools from paying for education costs in a state institution. As a result a special education program that meets all of the children's needs has not been developed at Warm Springs. Special education programs could be provided if the treatment unit were located in a community where educational services could be contracted through local schools.

3. There are problems and limitations in terms of treatment because the children's unit is located at Warm Springs.

a. Having been committed to the state hospital attaches a stigma to the child that can cause problems as the child attempts to reenter society.

b. The location of the program at Warm Springs precludes the child from participating in community programs.

c. The location of the program also limits the development of programs aimed at assisting the child to make the transition back to life in the community.

B. The placement of a large number of children in out-of-state residential programs, potentially creates the following problems:

1. Out-of-state programs can be very expensive. Many programs are very specialized and could not be economically duplicated in Montana, however, in many cases the services could be provided at a lower price if programs were developed within the state.

2. There is a danger that children referred out-of-state can be lost or forgotten. There is no economical way for a teacher or social worker to monitor the child's progress or needs and as a result very little case management can occur when the child is out-of-state.

3. The out-of-state programs are generally of unknown quality. The state has no way to investigate the quality of the program prior to sending the disturbed child out-of-state.

III. OUTLINE OF THE PLAN OF SERVICES RECOMMENDED IN THE EXECUTIVE BUDGET

A. Over the next three fiscal years the children's program should be removed from the Warm Springs State Hospital.

B. A twenty-bed facility should be constructed in a larger community, to provide services to those children who need a secure environment and intensive treatment. The Executive Budget, Long-Range Building Program recommends $884,000 for the construction of such a facility.

C. At least one intermediate level treatment facility with a capacity of 8-12 residents, should be developed in a larger community. This program would provide services to disturbed children currently served at Warm springs who do not need a secure, intensive, treatment program. The Department of Institutions and the Office of Public Instruction currently have funds to initiate intermediate care programs.

Proposals have been submitted from Missoula and Great Falls for intermediate programs. The Executive Budget recommends that approximately $100,000 be continued in fiscal year 1980 in the Department of Institutions Budget to complete development of intermediate care programs.

D. The treatment programs at the Yellowstone Boys' Ranch should be used for placement of disturbed children, whenever space is available in the program and the program is appropriate for the child's needs.

E. All new programs that are developed should seek to meet the certification standards of JCAH as soon as possible. The state should be able to receive considerable reimbursement if all new programs meet JCAH standards.

F. Legislation should be proposed, in 1981, to prevent the commitment of children to Warm Springs State Hospital. Such legislation should only be proposed if the new facilities described above are complete and functioning.

January 31, 1979

TO: Ottis Hill, Governor's Office
Gene Huntington, Office of Budget & Program Planning
Larry Zanto, Department of Institutions

FROM: J. Bailey Molineux, Ph.D., Chairman
Interagency Committee on Emotionally Disturbed Children

SUBJECT: The Children's Unit at Warm Springs State Hospital

The Interagency Committee on Emotionally Disturbed Children met on January 10, 1979 to consider four recommendations for the Children's Unit at Warm Springs State Hospital. Those recommendations considered, in order of priority,are as follows:

1. Build a new facility in a larger community
2. Maintain the Children's Unit at Warm Springs
3. Close the Children's Unit and refer the patients to Yellowstone Boys Ranch at Billings
4. Close the Children's Unit and transfer the patients to out of state facilities

Following is a list of advantages and disadvantages to each recommendation, and a list of steps that would have to be taken in order to implement each recommendation:

1. Build a new facility for the Children's Unit

Advantages

Committee members feel that this is the best recommendation. A new facility could be built to better treat and supervise emotionally disturbed children in a larger community. Such a setting would provide the children with access to more community resources and promote better continuity of care. A new facility in a larger community would also entail less of a stigma than Warm Springs State Hospital and would have a better chance of attracting and keeping qualified personnel. Finally, the facility could be built to meet JCAH accreditation standards and so qualify the Children's Unit for Medicaid reimbursement. This would entail quite a savings to the state.

Disadvantages

To build a new facility would be expensive so may not be acceptable at this time. Moving the Children's Unit from Warm Springs would also entail the loss of at least 50% of the present staff. While that staff could be replaced, it would take a number of years to train and build them into the cohesive, effectively functioning team that is now at the Children's Unit. Finally, it would appear that there would be less space and gym facilities at a newly constructed facility compared to the present location at Warm Springs.

Necessary Steps

Obviously, the Legislature would have to appropriate enough funds to build and operate a new Children's Unit. It would have to qualify for JCAH accreditation in order to justify the expense involved. Community support would have to be elicited and services to the children that are now provided at Warm Springs would have to be contracted for in the community. Also, the committee feels that all of the staff of the Children's Unit at Warm Springs should be provided the opportunity to relocate. In order to move the Children's Unit, it would also be necessary to prohibit by law the admission of children to Warm Springs State Hospital.

2. Maintain the Children's Unit at Warm Springs State Hospital

Advantages

The committee has been impressed by the quality of the staff at the Children's Unit. Under the leadership of the Unit Director, Mr. Richard Rosenleaf, the staff has welded itself into an effective, unified treatment team. Maintaining the Children's Unit at Warm Springs would guarantee the continuation of that staff unity and would prevent the relocation trauma to both staff and patients.

In addition, committee members have been impressed by the eclectic treatment provided at the Children's Unit. It is our opinion that such a multifaceted approach is imperative for the treatment of the severely emotionally disturbed child. Also, in its present location, the Children's Unit has access to a number of other professionals and services located at the Warm Springs State Hospital.

Disadvantages

One perennial difficulty with Warm Springs State Hospital is that its relative isolation makes it somewhat difficult to attract and keep well qualified staff members. Specifically, the committee is concerned about a lack of a child psychiatrist on the staff. Also, there is somewhat of a stigma attached to the facility and fewer immediate resources for adequate continuity of care.

Necessary Steps

In order to have a more effective program for children at Warm Springs, it is necessary to increase the staff and reduce the population. The program is now staffed to handle 25 children, yet has been treating 30-35 for the past year. Specifically, the committee would recommend the addition of a child psychiatrist and several teachers. Also, it is felt that no children should be sent to Warm Springs for evaluations and no children should be committed there under the Youth Court Act. Finally, it is the committee's hope that an intermediate care facility for emotionally disturbed children can be established in a community in order to reduce the population of children at Warm Springs.

3. Close the Children's Unit and transfer the patients to Yellowstone Boys Ranch

Advantages

The Yellowstone Boys Ranch provides a lovely facility with plenty of space and gym facilities for emotionally disturbed children. It has an accredited school program, continuity of care, and resources close by in Billings. It is JCAH accredited, an established, proven program with the less severely disturbed and has made a commitment to serve the severely disturbed child.

Disadvantages

However, the major concern expressed by the committee about sending children to a private, non-profit facility is the lack of state control. Although, it would now be less expensive to treat the children at Yellowstone Boys Ranch than at Warm Springs, the committee members expressed a concern that this situation would not last long as evidenced by the recent rate increase requested by Yellowstone Boys Ranch. Also, some mild concern was expressed about Yellowstone Boys Ranch's religious orientation. Committee members wondered if it would seem inappropriate to some to send state children to a religiously affiliated institution.

Necessary Steps

The committee feels that Yellowstone Boys Ranch is not now equipped to treat the severely emotionally disturbed child. In order to be able to do so, that facility would have to increase its staff and broaden its therapeutic approach. More physically secure facilities would have to be built, and Yellowstone Boys Ranch would have to agree to take all of the children the state would send them and not just those who were younger, less severely disturbed or with a better prognosis. A master contract would have to be drawn up specifying all the terms and conditions of the agreement between the state and Yellowstone Boys Ranch. In that contract, provisions for monitoring and evaluating the treatment of state children would have to be provided. Finally, it would be necessary to prohibit, by law, the admission or commitment of children to Warm Springs State Hospital if the Children's Unit were to be closed.

4. Close the Children's Unit and transfer the patients to out-of-state facilities.

Advantages

The advantages of transferring children to out-of-state facilities is that such facilities could provide a wider range of programs and treatment modalities. It would also be less expensive to do so, although the committee expressed concern about the fact that this situation may change also.

Disadvantages

This was the least favored recommendation of the committee and with good reason. To send a child to an out-of-state facility is to cut him off from his family and community and to negate the possibility of family therapy. It would be extremely difficult to provide followup services and continuity of care to children in out-of-state facilities. Chances are that many of them would not return to Montana. Also, sending children to out-of-state facilities would involve a loss of state control.

Necessary Steps

Although 30 children are now being treated in out-of-state facilities for emotional problems, we do not know how adequate these facilities are since very few of them have been visited by state employees. In order to send children out-of-state, it would be imperative that travel monies be provided to visit and evaluate potential treatment resources for Montana children. Also, it would be imperative that these facilities be monitored and evaluated on an ongoing basis in order to insure that Montana children are receiving the best possible professional services for their emotional problems.

JBM:cs

cc: Members of Interagency Committee
Peter Blouke

ATTACHMENT XXI

RESULT: Dropped due to disinterest on part of board members.

c. Educate managers about manpower issues, trends, programs and needs through quarterly manpower reports.

RESULT: Partially achieved - delayed by staff changes.

6. To establish an ongoing mechanism for organizing, coordinating and funding staff development programs at the CMHCs.

a. Meet with key staff from the CMHCs to elicit input regarding staff development needs and cooperative training efforts.

RESULT: Accomplished.

b. Based upon input from CMHC staff, develop a plan for the creation of a CMHC Staff Development Unit or Committee with authority to organize, coordinate and fund staff development programs at the CMHCs.

RESULT: Accomplished - interagency group formed and operating.

7. To publish a manual of training resources in Montana.

a. Conduct a survey of all mental health and related professionals in Montana who have training expertise in specific areas.

RESULT: Accomplished.

b. Compile a list of films, cassettes, books and important journal articles in rural mental health , family systems therapy, the chronically mentally ill (in conjunction with CSP) and the elderly.

RESULT: Partially accomplished.

c. Combine a. and b. above into resource manual and publish.

RESULT: Delayed by staff changes.

8. To establish a comprehensive data base of the mental health work force in Montana.

a. Complete the WICHE survey of mental health personnel in the CMHCs and at Warm Springs State Hospital.

RESULT: Accomplished with mixed success - need to devise a better mechanism for getting WSSH data.

b. Conduct a similar survey of the private mental health practitioners in Montana.

RESULT: Instrument to be completed by end of 04 year. Data to be collected during 05 year.

9. To address the problems of burnout at Warm Springs State Hospital and to suggest ways to reduce it on the personal, interpersonal and organizational levels.

a. Represent the Department of Institutions on the newly created burnout committee at Warm Springs.

RESULT: Burnout committee has met several times with Department of Institutions representation.

b. Insure that the recommendations of the burnout committee are communicated to the Director of the Department of Institutions.

RESULT: To be completed later in the life of the project.

Goal #2: To strengthen the manpower resources for seriously emotionally disturbed children in Montana.

Objectives

1. To make recommendations for personnel requirements for intensive, intermediate and assessment residential programs in Montana.

a. Review literature on staffing patterns for residential children's programs.

RESULT: In progress.

b. Survey WICHE states to determine staffing patterns for seriously emotionally disturbed children in other states.

RESULT: In progress.

c. Based on a. and b. above, present our finding and recommendations to the Interagency Coordinating Committee on Handicapped Children.

RESULT: To be accomplished by March 1982.

2. To start six Care and Professional Treatment Homes (CPT) Homes in another region of the state other than the Billings area.

a. Contract with the Volunteers of America for the recruitment, screening, selection and training of six couples to provide CPT homes for six to nine moderately disturbed youths.

RESULT: Delayed pending outcome of pilot program now underway.

3. To establish an ongoing system for the training of teachers in the identification and referral of emotionally disturbed children.

a. Through performance contracts require the CMHCs to hold training sessions each academic year in selected CMHC served school districts.

RESULT: Dropped due to Department policy.

b. Discuss the teaching of emotional disturbance in children and families to prospective teachers at the undergraduate level by meeting with faculty from the six institutions of higher education in Montana.

RESULT: Delayed due to staff changes.

c. Meet with the Office of Public Instruction, Special Education officials to discuss ways to increase teacher knowledge of emotional disturbance in children and families.

RESULT: Delayed due to staff changes.

Goal #3: To strengthen the ability of mental health personnel in Montana to meet the needs of the chronically mentally ill.

Objectives

1. To continue to upgrade the skills and knowledge of those who work with the chronically mentally ill.

a. In collaboration with CSP, to sponsor the Federal Region VIII Learning Community Conference scheduled for the fall of 1981 in Great Falls.

RESULT: Accomplished.

b. In collaboration with CSP, sponsor the annual partial hospitalization workshop involving representatives from Vocational Rehabilitation, Warm Springs State Hospital and the CMHCs.

RESULT: Delayed - to be held in March 1982.

c. Aid Warm Springs State Hospital and the Center for the Aged in the development of training plans and budgets.

RESULT: Partially accomplished - in progress.

d. In collaboration with CSP, meet with faculty of the Social Work, Psychology and Nursing Departments to discuss course work in the treatment of the chronically mentally ill.

RESULT: Partially accomplished - in progress.

e. In collaboration with CSP, provide technical assistance for staff at Warm Springs State Hospital for training proposals.

RESULT: Partially accomplished - continual.

2. To encourage the use of volunteers by the CMHCs in providing services to the chronically mentally ill.

a. Contract with the Southwest Montana Mental Health Center for the recruitment, selection, screening and training of volunteers to work with the chronically mentally ill clients of both the CMHC and Helena Industries.

RESULT: At this writing, negotiations are still underway as to the exact nature of this objective. It will be completed in some form by July 1.

Goal #4: To encourage the further development of mental health services to the elderly and to overcome the major barriers to the elderly population's use of mental health services.

Objectives

1. To study the deficiency of usage by the elderly of services offered by mental health professionals and to recommend ways to make mental health services more accessible to the elderly.

a. Conduct a study of the barriers and stigmas which prevent the elderly from more fully utilizing mental health services and to identify the elderly populations most at risk in Montana.

b. Present the results of the study in a. to the CMHCs, Department of Institutions, Department of Social &

III. Plans for Manpower Development in Year 05

A. Manpower Development Capacity to be Built

The Manpower Development capacity which we will be attempting to build in our 05 year falls into three broad categories:

1) Improved capacity to gather and, more importantly, analyze manpower data/information.

During the past two years, we have been gradually improving our capacity in the area of data for manpower planning. This improvement has focused, however, more on the ability to gather data than upon the capability to use such data effectively. During the coming year we intend to strengthen the capacity of our system to use data already available as well as to get new descriptive data and use them for system improvement.

2) Further integration of Manpower Development concerns into the operation of the Mental Health and Residential Services Division.

Up to this time in the life of the Manpower Program, we have had the luxury of a staff large enough to tackle many manpower development problems on our own. While this had some advantages, it had the disadvantage of producing considerable isolation from other Division staff. As Manpower staff size has decreased we have been pushed by circumstance to be more

integrated into the Division. This has, so far, produced very positive results. We wish to move even further in this direction, calling upon other division staff to help define manpower development concerns, study problems, and evolve potential solutions. This is very important to the wise use of our federal money, but even more crucial as we face the fact of termination of SMDP dollars. If manpower development capacity is to be a viable thing, it must be built into the entire division and not be just skill and knowledge possessed by Manpower Program staff.

3) Improved capacity to plan for manpower development cooperatively across state, federal, and private, non-profit agencies.

Since we began the Manpower Development Program in Montana, we have always been concerned with developing capacity not just for state institutions and state-funded CMHC's, but in relation to the mental health system as a whole - including institutions, CMHC's, Indian Health Service, private non-profit providers, and even on occasion, the private sector. We feel that so far we have been reasonably successful in achieving this aim, but we would like to develop this capacity even further.

B. Priority Manpower Problems in the 05 Year

Manpower problems related to children and the long-term mentally disabled continues as our top priorities in the 05 year. Montana has been making considerable progress in the past two years in developing services to children and Manpower has played an important role in that improvement. We intend to continue to do so, tackling the human resource development aspects of improving service delivery. Service to the chronically mentally ill has been a priority in Montana for a number of years and Manpower has been working cooperatively with CSP in the development of outstanding community programs. As federal CSP money dries up, Manpower will be called upon to play an even more active part in working to improve community programs.

As reflected in the following goals and objectives for the coming year, improved services to the elderly and to Native Americans remain a high priority for us. Another area which we feel is important is developing manpower for our forensics efforts. In future years this seems likely to increase in importance.

C. Work Plan

We have outlined below five major goal areas for the 05 year. These broad goals are essentially the same as in our fourth year, but specific objectives and methods of goal attainment have changed, reflecting progress and roadblocks of the previous year. It is clear

from the outline that some objectives have been more carefully thought out at this point than have others. This is due, at least in part, to these factors: 1) We are developing 05 year plans while still less than half-way through the 04 year. 2) Staff changes and "shorthandedness" have limited our readiness to develop detailed plans at the present. 3) Some objectives are being continued from previous years, while others are more embryonic. One additional note of explanation is important. The cost figures assigned to objectives are estimations for contracted services travel and other costs would be additional. Those objectives to which no figures have been assigned would be accomplished without contractual cost by Manpower staff and/or other Mental Health and Residential Services Division staff as time allows.

Goal #1 - To support and enhance all aspects of the Montana Mental Health System through manpower development and planning.

Objectives

1. To continue to work on a mechanism for coordinating and funding staff development for the mental health system in Montana, including CMHC's, institutions, Indian Health Service, Yellowstone Boys' and Girls' Ranch and other providers.

 COST: $10,000.00

2. To develop standards for peer review in the CMHC's and WSSH/Galen.

 COST: $1,500.00 Completion Date - December 1, 1982

 Methods

 a) Examine existing peer review procedures

 b) Make recommendations for change in peer review procedures

 c) Make changes in standards and site review procedures based upon findings and recommendations

3. To institutionalize the collection of data for the minimum manpower data set and to initiate study of private practitioners in Montana.

 Method

 a) Collect and analyze second year minimum data on personnel in CMHC's and institutions

 COST: $750.00

 b) Collect and analyze data on private practitioners

 COST: $2,500.00 Completion Date - December 1, 1982

4. To study methods of coordination and cooperation between the mental health and corrections systems which will result in improved mental health treatment for inmates in Montana.

 COST: $6,000.00 Completion Date June 30, 1983

Methods

a. Examine present mode of service delivery of mental health services in corrections system.

b. Inventory existing manpower for mental health service delivery in corrections system.

c. Make recommendations for coordination between mental health system and corrections system for improved manpower utilization.

Goal #2 - To strengthen manpower for emotionally disturbed children in Montana.

Objectives

1. To continue work on developing recommendations for personnel requirements for intensive, intermediate and assessment residential programs.

2. To continue to work with the Office of Public Instruction in the development of a system for training teachers in the identification and referral of emotionally disturbed children.

COST: $1,500.00 Completion date - June 30, 1983

3. To study and inventory the skills and knowledge necessary to provide therapy to emotionally disturbed children in the community and to begin to develop a mechanism for ensuring that professionals in the CMHC's have those skills and knowledge.

Completion date - June 30, 1983

Methods

a) Survey skills needed

b) Determine who has need of further skill development

c) Begin work on curriculum or other alternatives for developing skills

Goal #3 - To strengthen the Montana mental health system's efforts to meet the needs of the chronically mentally ill.

Objectives

1. To study and improve procedures for certification of Professional Persons in Montana. (Under Montana law, Professional Persons are those professionals who are certified to be able to testify in court regarding commitment to institutions and who are authorized to supervise treatment plans.)

 COST: $7,000 Completion date - December 1, 1982

 Method

 a) Study certification procedures (or their equivalents) in other states

 b) Compare other states' procedures to those used in Montana

 c) Make recommendations for improving Montana's certification system including new legislation or administrative codes as appropriate

 d) Develop and field test an examination for Professional Persons

2. To study and improve methods of case management for the mentally ill.

 COST: $6,000 Completion date - February 28, 1983

 Method

 a) Examine various methods and tasks of case management now being used in Montana

 b) Study "ideal" models and practices being used in other states

 c) Develop recommendations for improving the case management function in Montana, including training necessary for present case managers

 d) Make recommendations for how to pay for case management under a fee-for-service contract with CMHC's

3. To evaluate the need for, and to develop if needed, certification procedures for non-professional caregivers in CMHC's, Warm Springs State Hospital/Galen and the Center for the Aged.

 COST: $6,000 Completion date - June 30, 1983

 Method

 a) Define the distinction between professional and non-professional caregivers

b) Examine the tasks performed by non-professional caregivers

c) Study certification procedures used by other states

d) Make recommendations regarding certification in Montana

e) Develop certification criteria, if appropriate

4. To strengthen the use of volunteers serving the chronically mentally ill in Montana through sharing of models, methods, and information.

COST: $2,000 Completion date - March 1, 1983

Method

a) Disseminate information on volunteer utilization learned from developing programs in Billings, Helena and Butte

b) Bring together volunteer coordinators and others using volunteers in centers and institutions with those who are interested in beginning or improving programs.

COST: $2,000.00 Completion date - March 1, 1983

5. To continue the exchange of worker programs between the CMHC's, Warm Springs/Galen.

COST: $4,500.00 Completion date - April 1, 1983

6. To study methods of recruiting and retaining psychiatrists for the mental health system in Montana.

COST: $5,000 Completion date - February 1, 1983

Method

a) To determine what factors prevent recruiting and retaining psychiatrists in Montana

b) To make recommendations for changes in policy, compensation, etc. which will increase Montana's recruitment and retention of psychiatrists.

7. To study and develop alternatives for serving the chronically mentally ill through rural satellites.

COST: $4,000.00 Completion date - June 30, 1983

Methods

a) Examine methods used by other states.

b) Determine numbers of chronically mentally ill to be served in rural areas.

c) Make recommendations for changes based upon findings.

8. To study and inventory the skills and knowledge necessary to provide therapy for chronically mentally ill in the community and to begin to develop a mechanism for ensuring that CMHC personnel have those skills and knowledge.

Completion date - June 30, 1983

Methods

a) Survey skills needed.

b) Determine what personnel have need for skill development.

c) Develop plans for delivery of training to improve skills of personnel.

Goal #4 - To develop and support manpower for the provision of mental health services to the elderly.

Objectives

1. To study the staffing patterns at Montana Center for the Aged and make recommendations for staff changes for improved treatment services.

2. To continue development of an in-service training program for existing staff at Montana Center for the Aged.

3. To identify special skills and knowledge needed to serve the mental health needs of the elderly in the community and to begin to develop a mechanism for ensuring that CMHC personnel have those skills and knowledge.

Completion date - June 30, 1983

Methods

a) Determine skills needed for persons serving the elderly.

b) Determine who needs further skill and knowledge development.

c) Identify alternatives for delivering training to improve skills.

d) Choose from alternatives and recommend methods for delivering training.

Goal #5 - To develop and support manpower for the provision of mental health services to the Native American population of Montana.

Objectives

1. Continue to support the M.U.I.A. off-reservation program in its efforts to improve services to "urban" Indians.

2. Continue to work with the Indian Health Service to identify and meet manpower needs of reservation Indians.

3. To seek input from both M.U.I.A. and I.H.S. regarding methods for improving manpower aspects of services to Indians through the institutions and the community mental health centers.

Beyond the issue of training, we are also planning study of staffing needs at the Center for the Aged. Staff at the institution has been primarily limited to custodial and medical treatment. It is anticipated that as a result of the upcoming study, we will be able to determine what staff are needed to ensure improved treatment and make recommendations for the hiring of such staff.

Children and Adolescents

For more than a year, improvement of services to children and adolescents has been the top priority of the Mental Health and Residential Services Division, and, consequently, the number one concern of the Manpower Program. During the past several months we feel we have made considerable progress in identifying, defining and addressing manpower problems related to serving children and youth. Some of the major efforts are mentioned below, but since much of our work during the past year has been in this direction, it is not possible to list every activity or project.

A very significant event in consideration of manpower problems in serving children was the Conference on Emotionally Disturbed Children held in Helena in June 1981. This conference was the brainchild of Dr. F. Tom Peterson of the Eastern Montana Community Mental Health Center in Miles City and was to be funded under an NIMH technical assistance contract. The Manpower staff had given considerable assistance to Dr. Peterson in planning the conference and when TA funds for the conference

fell through Manpower agreed to fund the meeting.

The manpower issues addressed by the conference are best expressed in the following questions.

- What are the human resources needed to provide improved services to emotionally disturbed children?

- What training for personnel now providing services to children will improve their capacity to provide these services?

- What mechanisms might we utilize to bring personnel into the system who are more adequately prepared to provide services to children?

- In what geographic locations in the state will personnel be most needed?

- What staffing pattern would be most appropriate for the new children's unit to be placed in Billings?

- What incentives might be used to retain good people in the system to provide children's services?

Although definitive answers to all these questions did not emerge from the two-day conference, many of the conference recommendations

found in Appendix E did address these issues. The recommendations are being placed in the hands of key legislators, administrators, service providers, and others influential in the decision making around mental health issues.

Another important endeavor for Manpower in relation to children's services has been cooperation with the Western Interstate Commission for Higher Education (WICHE) in putting on a major conference on children's programming for the western states. Dr. Bailey Molineux was a member of the conference planning committee until his resignation and was replaced on the committee by Donald Moore. The conference which was held December 7-9, 1981, in Boise, Idaho, brought together five key decision makers in mental health from each of the western states and focused on planning, organizing, and staffing both community and institutional programs for children. This conference was a very important one for Montana, considering our current work on the development of a new residential children's unit and the importance of improving child and adolescent services in general.

One very important aspect of developing adequate children's services is knowledge of the use of human resources in other programs for children across the nation. In order to accomplish this end the Manpower Program has contracted for a review of the literature on staffing for residential children's programs and for a survey of comparable states and their utilization of staff. This study is being done by Counseling Consortium of Helena and is just getting underway at

this writing. It will be completed by early February.

During the 03 project year, Manpower contracted with Volunteers of America to recruit, select, and train couples to develop Care and Professional Treatment Homes (CPT Homes) in the Billings area on a pilot basis. The purpose of these homes is to treat seriously emotionally disturbed children by placing one or two such children with a carefully screened, selected and trained couple. Pending a study of the outcome of this pilot effort, we are considering putting additional manpower monies into training of parents for these CPT homes in other parts of the state during the latter part of the 04 year.

An unplanned, but certainly very important, result of all these efforts to improve children's services has been a greater awareness of the various programs in the state which do serve children and a strengthening of the relationships between these programs. Examples of cooperation include participation of Yellowstone Boys and Girls Ranch and the Family Teaching Center on the Mental Health Staff Development Committee for the state.

Chronically Mentally Ill/CSP Population

Manpower concerns related to the needs of the chronically mentally ill rank high in priority in Montana. During the entire duration of the Montana Manpower Program, CSP staff meetings, service provider meetings and advisory council meetings, have been attended by at least one

At the conclusion of the presentations the conference participants were assigned to one of three working groups.

A specific charge was given. Each group was to identify problems or barriers associated with the delivery of services to children throughout the state; prioritize same and make recommendations as to possible solutions. The findings and recommendations of each group were then presented to the conference participants.

The following represents the information as offered by each of the working groups:

GROUP #1 - Intensive Treatment, Residential Alternatives

Facilitator: Dr. Wes Reilly

Identification Of Problem Areas:

During a "brain-storming" session, 35 problem areas or areas of need were identified. The following is the list of problems and needs the group developed. There is overlap and redundancies in the list since there was no attempt to edit this initial phase.

1. General dislike of mental health services.
2. Undesirability of uprooting a child from home community when needs treatment at home.
3. Professional and mechanical problems with early detection and identification.
4. Professional "dumping problem" back on the family as the root of the problem.
5. Rural geography and frontier attitude.
6. Anti-consumer, snobbery attitude toward recipients (i.e., who speaks for the child).
7. Jurisdictional conflicts - geography, role, etc.
8. Myth of the family as all providing - sometimes need alternatives to what the family is traditionally supposed to provide - broader view of family.
9. Compartmentalize the child's problems in assessing the child.
10. Lack of alternative services in the community.
11. Day treatment for children.
12. Trained foster homes to prevent placement or to provide halfway facility.
13. More adequate after-care ties, better in-patient and out-patient.
14. Family therapy in treatment facilities such as more travel monies to go to facility.

Continuum of Care Plan

It was recommended that a subcommittee be formed consisting of representatives of child care providers in the state. This subcommittee would report to the Interagency Committee for Emotionally Disturbed Children and approach the Continuum of Care Plan in the following manner:

1. Evaluate needs in the state and how present programs meet those needs. This should include schools as well as mental health programs and should address specifics such as:
 a. characteristics of youth served
 b. level of intensity of treatment needed
 c. frequency of intervention
 d. numbers of youths at each level
2. Determine gaps in provision of service in this state as it relates to identified needs.
3. Focus specifically on after-care gaps first with emphasis on appropriate family involvement.
4. There should be an awareness of the process involved. The committee should be aware of movement in the continuum of care in both directions, that is, not only to more restrictive treatment, but also to less restrictive.
5. Interagency communication should be encouraged and supported with the following areas focused on:
 a. sharing of services and information
 b. cooperation between agencies
 c. development of a state-wide guide to services offered
 d. development of legislation to prevent delays in services caused by jurisdictional conflicts
6. Evaluations of youth should be standardized in order to choose the best placement or resource for each youth. This should not be a central committee that evaluates youths without ever seeing them.

The Continuum of Care Plan should also include the following problem areas and areas of need identified during the brain-storming session:

1. Other characteristics of the Continuum of Care Plan:
 a. an evaluation that chooses the best resource with attention to what is available locally
 b. aftercare services provided in the community
 c. family alternatives and resources to provide that which the family cannot provide
 d. day treatment in the community
 e. access and discharge to/from programs and standards governing this movement
2. Appropriate Family Involvement:
 a. severing ties and providing alternatives to the family when this is healthier for the child. Too much must not be expected of families.
 b. treatment and involvement with the family. This necessitates overcoming geographic barriers and involving the entire family in intensive treatment instead of focusing only on the child.

c. make the family an effective unit. Build on strengths.

3. Staff -- recruitment, selection and training, reward, promotion, retention, and morale.
 a. continuing training at all levels. Specialists, para-professionals, professionals, etc.
 b. training in normal human development as opposed to only abnormal
 c. develop criteria for staff selection
 d. training in child evaluation

4. Funding Mechanisms
 a. develop a means of certifying and guaranteeing uniformity and quality of treatment centers
 b. resolve jurisdictional conflicts over who provides funding and other resources. Legislation may be needed here.
 c. 3rd party payees need adequate advocacy
 d. refine rate justification system
 e. increase and standardize accountability

5. New Unit -- Billings
 a. design should take into account recommendations and experiences of currently existing programs
 b. program and staffing should be based on evaluated need in relationship to the Continuum of Care Plan
 c. Billings site should be carefully evaluated
 d. legislation to preclude admission to Warm Springs State Hospital needs to be passed

6. Improvement in interagency communication
 a. sharing of information, training, and other resources
 b. more communication
 c. resolution of jurisdictional conflicts
 d. interagency training and service contracts

Youth Court Act Should Be Studied

1. There is a need for more frequent review of youth court orders.
2. Evaluate the Youth Court Act to more clearly provide for the NEEDS of the child not just civil rights issues
3. Greater Mental Health responsibility in the decision making process

GROUP #2 - Evaluation and Screening

Facilitator: Dr. Bailey Molineux

Dr. Molineux's group shared:

1. There needed to be a concerted effort to determine the magnitude of need for evaluation and screening within the state.
2. There should be an evaluation and screening system designed which would be acceptable to agencies. Apparently, some services, regardless of other professional evaluations and determinations, will administer their own. There seems to be a degree of duplication in this regard.
3. State laws effecting children need to be reviewed in a consistent fashion with the professionals in the state. In conjunction with this need it was determined that it would be essential to keep the legal profession updated with the focus of children's services. This would facilitate bringing about legal dispositions most favorable to children along with providing optimal potential for intervention.
4. Financing was determined to be a major factor in effective evaluation and assessment. It was felt that there should be legislative proposals prepared so as to provide for financing efforts in evaluation and screening.
5. There needs to be a state-wide policy manual stipulating evaluation and screening criteria so as to facilitate congruency in an inter-agency sense.

GROUP #3 - Primary Prevention and Out-patient Treatment

Facilitator: Dr. F. Tom Peterson

Dr. Peterson's group identified the following as problem areas:

1. There are many turf and professional ego differences interfering with the delivery of services to children. Some felt as though agency professionals were into avoidance of one another rather than resolution of attitudinal differences pertaining to intervention strategies and cooperative case management.

2. There are ongoing professional training needs within the state. The primary question was how this area was to be financed and refined so as to eliminate unnecessary duplication.

3. It was recognized that there is a tendency for agencies to re-invent the wheel. There needs to be a cooperative effort to minimize duplication of services. A primary example of this would be in the area of doing more than one evaluation.

4. There was also a perceived problem in the area of staffing policies and patterns. A registered concern was that many times the practice of not filling a vacancy for a specified period of time is, in fact, a step backwards. It was felt that such practices increase the burnout rate among those professionals left to cover the vacancy. Many more problems tend to surface as a result of same. The impact on the agency and the other agencies who are working in cooperation with the understaffed agency is very negative. The priority then shifts from providing services to children to trying to survive the pressures of overload.

5. There was a concern registered regarding the funding criteria (formula). It was felt that agency autonomy in delivering important services to children were sometimes preempted by funding policies. Such policies have the effect of discouraging preventative efforts in order to qualify for the survival dollars available. This was especially expressed by Mental Health representatives.

6. Some felt that there was a need for a research component to study the effectiveness of certain intervention strategies and cooperative endeavors. At this point in time there appears to be no resources to determine whether or not changes in service delivery to children are, in fact, as effective as intended. Problematic to this concern is how to get good need assessment data and process same without a lot of duplication and unnecessary cost.

7. Numerous participants felt that agency expectations regarding information sharing versus the statutory rights of patients needed to be clarified. There is apparently a great deal of misunderstanding associated with the expectations of agencies in regards to information sharing.

8. The group also felt that there was a problem in reciprocal coordination of treatment strategies that would promote and assure closure and accountability in an interagency sense.

Recommended Solutions:

The remedies that were offered by Group #3 overlapped to some degree with other recommendations. But essentially, much seems to be dependent upon a viable plan of cooperation and management throughout the state.

1. The state might best benefit through the establishment of regional interdisciplinary management teams. These teams might review administrative policy and provide strategies for interdisciplinary training, cooperation and promote congruency in intervention strategies among agencies.

2. It was felt a research component was needed to assess the value and efficacy of service delivery. This probably needs to be separately funded through legislative enactment so as to provide professionals with on-going input with regard to their effectiveness. This would also address many questions associated with accountability.

3. It was felt that burnout and perceptual differences could be positively modified via a change in staffing policies and management systems. It was often felt that the people "in the trenches" are not given the opportunity to share their impressions and recommendations in major policy decisions. Many times it was perceived as though the management decisions made at the region or state level were incompatible with the "real world" where the direct service people were actually carrying out the intervention.

4. It was felt that a good deal of the differences and difficulties associated with cooperation could be addressed through establishing a communication linkage at a mid-management level throughout the state with regard to agencies. This, it was felt, would promote a systematic (cross agency) mutual support for services. It was also recommended that the child protection team concept, which is presently in place in many parts of the state, be used to interface the human service efforts in Montana.

5. That a viable interagency program for professional development be established in a cooperative interagency way.

In conclusion, the reader of this document must be aware that the professionals who participated in this conference are truly committed to improving services to children. The presentations and the dialogues associated with the working groups were often reflective of deep concern and commitment. As a result, some of the discussion was emotional and understandably so. At other times, there was a real need to cathart and share frustrations before one could really cull out important elements and come to any kind of specific recommendation. Because of the brevity of the conference and the intensity of same, some of the solutions and needs as they were identified are still rather ambiguous. However, when one reads the document and reviews the reports of the working groups, it becomes easy to identify key areas that must be addressed if real improvement, in a long-range sense, is going to be brought about, addressing the treatment of the emotionally disturbed child.

ATTACHMENT XXII

AREA REQUIREMENTS

FOR

60 BED - CHILDRENS UNIT

FUNCTIONAL AREA REQUIREMENTS	ROOMS	AREA	TOTAL
2 - Bedroom with toilet	30	250 ea.	7,500
Dining Room	1	1,500	1,500
Recreation Room	1	960	960
Nurses Station	1	300	300
Examination Room	1	150	150
Drug Distribution Station	1	50	50
Equipment Storage	1	75	75
Patient Bathing Facilities	4	220 ea.	880
Lobby	1	150	150
Public Toilets	2	75 ea.	150
Interview/Counseling	2	100 ea.	200
Administrative Offices	5	120 ea.	600
Professional Offices	4	140 ea.	560
Office Storage & Supplies	1	75	75
Soiled Linen	1	90	90
Clean Linen	1	120	120
Holding Area	1	90	90
Classroom	4	400 ea.	1,600
Conference Room	1	300	300
Kitchen	1	700	700
Kitchen Storage	1	400	400
General Storage	1	1,000	1,000
			17,450
70% Utilization			7,479
		(sq.ft.)	24,929
Gymnasium			3,007
		Total Sq. Ft.	27,936

HUMAN SERVICES CENTER

REQUIREMENT	STATE PROGRAM			SCHEME 1			SCHEME 2		
	yes	no	sq. ft.	yes	no	sq. ft	yes	no	sq. ft.
2 Bed w/toilet	X		30 rooms 250 sf ea 7500	X		6 rooms 192 sf ea 1152	X		16 rooms 160 sf ea 2560
4 Bed		X		X		12 rooms 384 sf ea 4608 5760	X		6 rooms 384 sf ea 2304 4864
Single		X			X		X		4 rooms 192 sf ea
Toilet Room		X		X		4 rooms 160 sf ea	X		2 rooms 192 sf ea
Total Beds			60 beds			64 beds			62 beds
Bathing Facilities	X		4 @ 200 sf ea	X		4 @ 192 sf ea	X		4 @ 160 sf ea
Dorm Toilets		X		X			X		2 @ 224 sf ea
Nurse Station w/wc	X		300 sf	X		192 sf	X		336 sf
Drug Dist. Center	X		50 sf	X		2 @ 72 sf ea	X		100 sf
Charting Room		X		X		338 sf	X		120 sf
Interview & Play Therapy	X		2 @ 100 sf ea	X		2 interview @ 192 sf ea 2 p.t. @ 256 sf ea	X		2 @ 256 sf ea

DRAWING TITLE PROGRAM
JOB TITLE HUMAN SERVICES CENTER
DRAWN BY
CHECKED BY
DATE 10/21/81
JOB NO.
SHEET 1 OF 3

HARRISON G. FAGG & ASSOCIATES
PENTHOUSE, THE BILLINGS SHERATON — 27 NORTH 27TH ST., BILLINGS, MT 59101
TELEPHONE AREA CODE 406-248-7811

HUMAN SERVICES CENTER

REQUIREMENT	STATE PROGRAM			SCHEME 1			SCHEME 2		
	yes	no	sq. ft.	yes	no	sq. ft	yes	no	sq. ft.
Visiting		X		X		2 @ 96 sf	X		2 @ 120 sf
Conference Room	X		300 sf	X		240 sf	X		288 sf
Exam Room	X		150 sf	X		144 sf	X		126 sf
Holding Room	X		90 sf	X			X		100 sf
Recreation/Day Room	X		960 sf	X		2 @ 1024 sf	X		2 @ 1024 sf
Day Room W.C.		X		X		2 mens 48sf 2 womens " "	X		2 @ 128 sf
Soiled Linen	X		90 sf	X		70 sf	X		2 @ 75 sf
Clean Linen	X		120 sf	X		42 sf	X		2 @ 170 sf
Laundry Room		X		X		2 @ 160 sf	X	2 @	256 sf
Class Rooms (4)	X		400 sf	X		1 @ 424 sf 2 @ 640 sf 1 @ 320 sf 1 @ 416 sf	X		2 @ 560 sf 2 @ 400 sf
Lobby	X		150 sf	X		276 sf	X		192 sf
Public Toilets	X		75 sf		X			X	
3 Admin. Offices	X		120 sf	X		4 @ 120 sf	X		3 @ 120 sf 2 @ 160 sf
4 Prof. Offices	X		140 sf	X		3 @ 192 sf 1 @ 144 sf	X		2 @ 120 sf 2 @ 140 sf

DRAWING TITLE PROGRAM
JOB TITLE HUMAN SERVICES CENTER
DRAWN BY
CHECKED BY
DATE 10/21/81
JOB NO.
SHEET 2 OF 3

HARRISON G. FAGG & ASSOCIATES
PENTHOUSE, THE BILLINGS SHERATON — 27 NORTH 27TH ST., BILLINGS, MT 59101
TELEPHONE AREA CODE 406-248-7811

HUMAN SERVICES CENTER

REQUIREMENT	STATE PROGRAM			SCHEME 1			SCHEME 2		
	yes	no	sq. ft.	yes	no	sq. ft	yes	no	sq. ft.
Office Storage	X		75 sf	X		32 sf	X		64 sf
Dining Room	X		1500 sf	X		840 sf	X		1568 sf
Kitchen	X		700 sf	X		500 sf	X		620 sf
Kitchen Storage	X		400 sf	X		360 sf	X		336 sf
General Storage	X		1000 sf	X		256 sf	X		520 sf
Employee Lounge		X		X		2 @ 160 sf 1 @ 330 sf	X		448 sf
Outdoor Court		X		X		3 @ approx 1536 sf ea	X		2240 sf
Utilization			70%			90%			93.4%
TOTAL SQ. FT.			24,929 sf			23,040 sf			24,302 sf

DRAWING TITLE PROGRAM
SHEET 3 OF 3
JOB TITLE HUMAN SERVICES CENTER
DRAWN BY
CHECKED BY
DATE 10/21/81
JOB NO.

HARRISON G. FAGG & ASSOCIATES
PENTHOUSE, THE BILLINGS SHERATON — 27 NORTH 27TH ST., BILLINGS, MT 59101
TELEPHONE AREA CODE 406-248-7811

ATTACHMENT XXIII

JAN 1982
FILE

DATE: January 4, 1981

PROJECT: C-82-01; A/E 75-23-01
Childrens Treatment Unit
Billings, MT

ARCHITECT:

THE PLANS FOR THE ABOVE NAMED PROJECT HAVE BEEN REVIEWED BY THE BUILDING CODES DIVISION AND OUR COMMENTS ARE AS FOLLOWS:

A. The primary purpose of the State building code is to provide minimum standards to safeguard life or limb, property and public welfare by regulating and controlling the design, construction, quality of materials, use and occupancy, location and maintenance of all buildings and structures covered by the code within the State.

B. Full compliance with the provisions of the State building code shall be the responsibility of the owner, designer and builder. No person, firm or corporation shall erect, construct, use, occupy, et al, or cause or permit the same to be done contrary to or in violation of any provision of the State building code.

C. For the purposes of the project review, the Montana building code includes the 1979 Edition of the Uniform Building Code, 1979 Edition of the Uniform Plumbing Code, 1979 Edition of the Uniform Mechanical Code, 1981 Edition of the National Electrical Code, and the 1977 Code for Energy Conservation in New Building Construction and attachments thereto.

1. Provide Plan Review Fee

Plan Review Fee $3,856.45 Pd. Ck. #32926

Preliminary Plans Reviewed for Compliance to 1979 Uniform Building Code.

2. Building Classification

A. Occupancy Group	I-3
B. Type of Construction	I or II F.R.
C. Location on Property	Exceeds 40 Feet
D. Floor Area	28,228 Sq. Ft.
Allowable Area for Type II F.R.	30,200 Sq. Ft.
E. Height & No. of Stories	24 Feet, one-story

F. Occupant Load

Gym	-	2464	÷	15	= 164
Day Room	-	1112	÷	15	= 74
Classroom/Library	-	1024	÷	20	= 51
Office	-	3350	÷	100	= 34
Conference	-	152	÷	15	= 10
Rooms (Total)	-	5056	÷	80	= 63

3. Detailed Occupancy Requirements

1. Sec. 503 - The Kitchen (B 2) shall be separated from the rest of the building (I 3) by two-hour fire resistive occupancy separation. The gymnasium (A 3) shall be separated from the remainder of the building I 3 by three-hour resistive occupancy separation. Openings shall be protected in accordance with this Section.

2. Sec. 1002 - states that I 3 occupancies shall be housed in buildings of Type I or Type II F.R. construction with exceptions as noted. See Table 17 A.

3. Sec. 1009 - requires an approved fire alarm system.

4. Detailed Type of Construction Requirements

Use Chapter 18 and 19 unless the exception of Sec. 1002 is used.

5. Exits

1. Sec. 3302 - The wards shall have two means of egress and the doors shall swing in the direction of exit travel. Required exits cannot be through storerooms and in Sec. 3301, it states that there shall be no corridor obstructions in the required exit width except as allowed in the Chapter. Egress cannot be through the dining room from the gymnasium as one of the two required exits.

2. Sec. 3303(a) - Every required exit doorway shall be at least 3 feet in width.

3. Sec. 3304(a) - Exit corridors shall be continuous until the egress is provided from the buildings and shall not be

(Cont.) interrupted by intervening rooms, such as the day rooms and the dining room.

4. Sec. 3304(h) - all corridor openings shall have a 20 minute fire rating and shall have doors that are self-closing or smoke detector activated for closing. Gaskets are required as noted in this Section. Glazing shall be 1/4 inch wire glass in steel frames.

5. Sec. 3319 - This Section is to be used if rooms are provided that are designed for patients transported in wheelchairs, stretchers or beds.

6. Sec. 3320 - States boiler room requirements when both conditions 1 and 2 exist.

 Table 33 A requires access for the physically handicapped that is usable by individuals in wheelchairs for the main gymnasium exit.

Detailed Code Requirements

1. Sec. 3802(b) 4 - requires that the building be provided with an automatic sprinkler system unless each patient sleeping room is provided with smoke detectors connected to a continuously attended station or location within the building. If an automatic sprinkler system is to be used, the piping system may be dry, provided a manually operated valve is installed at continuously monitored location.

2. Sec. 4204 and Table 42B is to be used for maximum flame spread classifications of all interior wall and ceiling finish materials.

Engineering - OK

LBERT J. GASVODA, Plan Reviewer
ilding Standards Bureau

:ln

ATTACHMENT XXIV

PROJECT ESTIMATE

FOR

60 BED - CHILDREN'S UNIT

1.	Building as proposed by functional area requirements 24,900 sq. ft. @ 75.00/sq.ft.		$ 1,867,500.00
2.	Estimated Construction Cost		
	February 1981	1,867,500	
	1981 - 1982	2,035,575	
	February 1982 - July 1982	2,127,176	
	Assume July 1982 Bid Date		2,127,176.00
3.	Utilities @		20,000.00
4.	Sitework @ 4% of Estimated Construction Cost		85,087.00
			$ 2,232,263.00
5.	A/E Fees @ 7.7%		171,884.00
			$ 2,404,147.00
6.	Furnishings		
	60 @ 1,200 ea.		72,000.00
	Dining Furn., Desks, Tables, etc. @		25,000.00
			$ 2,501,147.00
7.	Contingency @ 5%		125,057.00
			$ 2,626,204.00

Estimated Total Project Cost = $ 2,626,000.00

$43,767/Bed

ATTACHMENT XXV

STATE OF MONTANA

WARM SPRINGS STATE HOSPITAL

REPORT ON AUDIT

Fiscal Year Ended June 30, 1980

STATE OF MONTANA

Office of the Legislative Auditor

STATE CAPITOL
HELENA, MONTANA 59601
406/449-3122

MORRIS L. BRUSETT, C.P.A.
LEGISLATIVE AUDITOR

ELLEN FEAVER, C.P.A.
DEPUTY LEGISLATIVE AUDITOR

JOHN W. NORTHEY
STAFF LEGAL COUNSEL

October, 1980

The Legislative Audit Committee
of the Montana State Legislature:

Transmitted herewith is the report on the audit of the Warm Springs State Hospital for the year ended June 30, 1980.

The audit was conducted by Newland, Horn, Crippen and Peck, P.C. under a contract between the firm and our office. The comments and recommendations contained in this report represent the views of the firm and not necessarily the Legislative Auditor.

The agency's written response to the report recommendations is included in the back of the audit report.

Respectfully submitted,

Morris L. Brusett

Morris L. Brusett, C.P.A.
Legislative Auditor

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WARM SPRINGS STATE HOSPITAL

APPOINTIVE AND ADMINISTRATIVE OFFICIALS

Lawrence M. Zanto	Director of Department of Institutions
James E. Hamill, M.D.	Superintendent
Richard Moore	Hospital Administrator
Keith Wilson	Fiscal Bureau Chief

SUMMARY OF RECOMMENDATIONS

As a separate section in the front of each audit report we include a listing of all recommendations together with a notation as to whether the agency concurs or does not concur with each recommendation. This listing serves as a means of summarizing the recommendations contained in the report and the audited agencies' replies thereto and also as a ready reference to the supporting comments. The full replies of the Warm Springs State Hospital are included in the back of this report.

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1.	We recommend that the Hospital accrue grant revenue in accordance with generally accepted accounting principles and State accounting policy.	2
	Agency Reply: Concur. See Page 30.	
2.	We recommend that the Hospital require that all individual entities within the Hospital indicate account distribution on requisitions.	3
	Agency Reply: Concur. See Page 30.	
3.	We recommend that payroll checks be distributed by someone other than the employees responsible for payroll preparation.	3
	Agency Reply: Concur. See Page 30.	
4.	We recommend that the Hospital record cash on hand in compliance with State accounting policy.	3
	Agency Reply: Concur. See Page 30.	
5.	We recommend that the Hospital make deposits in compliance with Montana Operations Manual Chapter 2-121-22.	4
	Agency Reply: Do not concur. See Page 31.	
6.	We recommend that the Hospital issue receipts immediately upon receipt of cash or cash items.	4
	Agency Reply: Concur. See Page 31.	

SUMMARY OF RECOMMENDATIONS - CONTINUED

Page

7. We recommend that the Hospital deposit all donations into the Federal and Private Revenue Fund in accordance with MCA, Section 17-2-102 and Attorney General Opinion number 106 within Volume 36. 5

 Agency Reply: Do not concur. See Page 32.

8. We recommend that the Hospital:

 1. Take a physical inventory of all fixed assets immediately;

 2. Prepare the necessary adjustments to the asset records to reflect the physical inventory. The Hospital will have to research invoices paid in the past two years to record the cost and acquisition date of newly purchased assets; and

 3. Maintain the PPI on a continual basis properly recording all additional, deletions and transfers. All transfers should be authorized in writing by the appropriate officials. 5

 Agency Reply: Concur. See Page 33.

9. We recommend that the Hospital contact the Department of Revenue to determine the proper procedures for turning funds representing unredeemed coupons, over to the Department of Revenue in compliance with Section 70-9-102, MCA. 6

 Agency Reply: Concur. See Page 33.

10. We recommend that the function of patient cash and check receiving be separated from subsequent deposit duties. 7

 Agency Reply: Concur. See Page 33.

11. We recommend that the Hospital contact the Department of Administration accounting division for guidance in placing patient accounts on SBAS. 7

 Agency Reply: Concur. See Page 33.

Page

12. We recommend that the Hospital analyze inventory usage in relation to amounts on hand to determine proper inventory levels. 8

Agency Reply: Concur. See Page 34.

13. We recommend that the Hospital include all inventories on SIMS. 8

Agency Reply: Concur. See Page 34.

14. We recommend that the Hospital insure that leave of absence requests be prepared and properly approved for all leave taken. 9

Agency Reply: Concur. See Page 34.

COMMENTS

General

Warm Springs State Hospital is an institution under the direction of the Department of Institutions. The primary functions of the hospital are the care and treatment of mentally ill persons. The hospital has performed these functions since 1912 when the institutional facilities were purchased by the State of Montana.

We performed a financial/compliance audit of the hospital for the year ended June 30, 1980. The objectives of the audit were to: (1) determine if the hospital's financial statements present fairly its financial position and results of operations for the year ended June 30, 1980; (2) determine if the hospital complied with applicable laws and regulations; and (3) make recommendations for improvements in the management and internal controls of the hospital.

We thank the Superintendent, Administrator and their staff for their cooperation and assistance during the audit.

Internal Control

As part of our examination, we reviewed and tested the hospital's system of internal control to establish a basis for reliance thereon in determining the nature, timing, and extent of other auditing procedures necessary for expressing an opinion on the financial statements and to assist in planning and performing our examination of the financial statements.

The objective of internal accounting control is to provide reasonable, but not absolute, assurance as to the safeguarding of assets against loss from unauthorized use or disposition, and the reliability of financial records for preparing financial statements and maintaining accountability for assets. The concept of reasonable assurance recognizes that the cost of a system of internal accounting control should not exceed the benefits derived and also recognizes that the evaluation of these factors necessarily requires estimates and judgments by management.

Our study and evaluation of the hospital's system of internal accounting control for fiscal year 1979-80 would not necessarily disclose all weaknesses in the system because it was based upon selective tests of accounting records and related data. We found no material internal control weaknesses.

Report Content

Report comments following relate to material misstatements in the attached financial statements, potential management improvements and hospital noncompliance with applicable statutes.

GRANT REVENUE ACCRUAL

At fiscal year-end 1979-80 the hospital had spent $18,088 for the Vocational Education Program Grant from the Office of Superintendent of Public Instruction (OSPI) and had been reimbursed $16,485. The difference of $1,603 was not recorded as an account receivable and recognized as revenue in the State's accounting system as required by generally accepted accounting principles and management memo 2-80-1. The $1,603 will be received and recorded as revenue during the next fiscal year.

This failure to record the receivable materially misstates total assets in the Federal and Private Revenue Fund for the year ended June 30, 1980.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL ACCRUE GRANT REVENUE IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND STATE ACCOUNTING POLICY.

INTERNAL CONTROL OVER EXPENDITURES

We noted from our examination of internal controls over expenditures that certain entities within the hospital do not place the appropriate account distribution information on requisitions. This procedure would enhance control over pur-

chases since the individual entities are aware of the type of purchases they are making.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL REQUIRE THAT ALL INDIVIDUAL ENTITIES WITHIN THE HOSPITAL INDICATE ACCOUNT DISTRIBUTION ON REQUISITIONS.

INTERNAL CONTROL OVER PAYROLL

Our examination of existing internal control over payroll and payroll transactions revealed that payroll warrants are distributed through the payroll office. Internal control is weakened if the same person responsible for payroll preparation also distributes payroll checks.

RECOMMENDATION

WE RECOMMEND THAT PAYROLL CHECKS BE DISTRIBUTED BY SOMEONE OTHER THAN THE EMPLOYEES RESPONSIBLE FOR PAYROLL PREPARATION.

CASH

Cash on Hand

At fiscal year-end the hospital recorded as cash on hand $138 of receipts received subsequent to June 30, 1980. This is in violation of management memo 2-80-1 since these amounts should have been revenue in the following fiscal year. The misstatements of cash and revenue, however, are not material in relation to total General Fund assets and revenue.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL RECORD CASH ON HAND IN COMPLIANCE WITH STATE ACCOUNTING POLICY.

Frequency of Deposits

Montana Operations Manual (MOM) Chapter 2-1210.22 requires that all monies received shall be deposited with a depository approved by the Treasury Division every day when the accumulated amount of coin and currency exceeds $100 or total collections exceed $500. We noted that the hospital does not comply with this regulation. They deposit twice a week and the amounts deposited are usually in excess of $500.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL MAKE DEPOSITS IN COMPLIANCE WITH MONTANA OPERATIONS MANUAL CHAPTER 2-1210.22.

Internal Control Over Cash

Our examination of internal control over cash disclosed that receipts are not issued immediately upon receipt of cash or cash items. The receipts are issued just prior to making the bank deposit. Issuing receipts subsequent to the initial receipt of monies is inadequate since the reason for receipt issuance is to establish control over monies from the time of receipt to deposit.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL ISSUE RECEIPTS IMMEDIATELY UPON RECEIPT OF CASH OR CASH ITEMS.

AGENCY FUND

Warm Springs State Hospital currently deposits certain donations for patients in an Agency Fund which is a non-budgeted fund and requires no appropriation to spend monies.

MCA, Section 17-2-102 states in part, that, "The Federal and Private Revenue Fund consists of all expendable monies deposited in the State Treasury from Federal or private sources, including trust income, which are to be used for the operation

of State government." Also, on November 16, 1976, the Attorney General issued opinion number 106 within Volume 36 which states that all private donations should be deposited into the Federal and Private Revenue Fund. The opinion was directed to another State agency, however, the principle of the opinion applies to Warm Springs State Hospital.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL DEPOSIT ALL DONATIONS INTO THE FEDERAL AND PRIVATE REVENUE FUND IN ACCORDANCE WITH MCA, SECTION 17-2-102 AND ATTORNEY GENERAL OPINION NUMBER 106 WITHIN VOLUME 36.

FIXED ASSETS

Warm Springs State Hospital uses the Physical Plant Inventory (PPI), a sub-program to Supply Inventory Management System (SIMS) to account for fixed assets. However, the hospital has not been maintaining the system since June 30, 1978. Since this time no additions, deletions or transfers have been recorded in the PPI. Because of this neglect the asset records are of no value, since the records do not reflect assets currently on hand.

RECOMMENDATIONS

WE RECOMMEND THAT THE HOSPITAL:

1. TAKE A PHYSICAL INVENTORY OF ALL FIXED ASSETS IMMEDIATELY;
2. PREPARE THE NECESSARY ADJUSTMENTS TO THE ASSET RECORDS TO REFLECT THE PHYSICAL INVENTORY. THE HOSPITAL WILL HAVE TO RESEARCH INVOICES PAID IN THE PAST TWO YEARS TO RECORD THE COST AND ACQUISITION DATE OF NEWLY PURCHASED ASSETS; AND
3. MAINTAIN THE PPI ON A CONTINUAL BASIS PROPERLY RECORDING

ALL ADDITIONS, DELETIONS AND TRANSFERS. ALL TRANSFERS SHOULD BE AUTHORIZED IN WRITING BY THE APPROPRIATE OFFICIALS.

PATIENT ACCOUNTS

Unredeemed Coupons

The hospital issues coupons to patients for use in the canteen to purchase food and other items. The hospital reduces the patient's individual account when the coupons are issued. For one reason or another some of these coupons are never redeemed from the patients. The balance of these unredeemed coupons has been increasing for a number of years. The balance at June 30, 1980 was $4,833.

The unredeemed coupons are considered abandoned property under the provisions of Section 70-9-102, MCA. This section requires that property abandoned for more than seven (7) years be turned over to the Department of Revenue. The requirements of this section poses a definite problem to the hospital because they do not know to whom the unredeemed coupons belong. However, the fact remains that the property is abandoned and it should be disposed of in compliance with Section 70-9-102, MCA.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL CONTACT THE DEPARTMENT OF REVENUE TO DETERMINE THE PROPER PROCEDURES FOR TURNING FUNDS REPRESENTING UNREDEEMED COUPONS, OVER TO THE DEPARTMENT OF REVENUE IN COMPLIANCE WITH SECTION 70-9-102, MCA.

Internal Control Over Patient Deposits

Our audit of internal control over patient accounts disclosed that the same person who receives patient monies also prepares the deposit ticket and also makes the actual bank deposit. For strong internal control over cash receipts, these functions should be separated. The same person receiving monies should not prepare and make bank deposits.

RECOMMENDATION

WE RECOMMEND THAT THE FUNCTION OF PATIENT CASH AND CHECK RECEIVING BE SEPARATED FROM SUBSEQUENT DEPOSIT DUTIES.

Recording Patient Accounts on SBAS

At the present time all patient account activity is recorded in an accounting system which is completely separated from the Statewide Budgeting and Accounting System (SBAS). Since SBAS is the State's accounting system, all hospital financial activity should be recorded on this system. Reporting otherwise distorts the hospital's financial statements required by generally accepted accounting principles. We recognize that certain accounting problems will occur when the patient accounts are being placed on SBAS.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL CONTACT THE DEPARTMENT OF ADMINISTRATION ACCOUNTING DIVISION FOR GUIDANCE IN PLACING PATIENT ACCOUNTS ON SBAS.

INVENTORIES

Warm Springs State Hospital utilizes the Supply Inventory Management System (SIMS) to account for their supply inventories. The system is computerized. The input data is generated by the hospital and output is generated by the Department of Institutions in Helena. The system is programed so that all inventory included within any one line item is recorded at the cost of the most recent purchase. Therefore, in certain instances where recent purchases have occurred, units of inventory purchased in previous years and still on hand is recorded on SIMS at replacement cost rather than actual cost.

Inventory Turnover

From our audit of inventory turnover, we noted that inventory levels of certain items appear excessive. For example, total shop inventory at June 30, 1979 and 1980 was $147,949 and $150,742, respectively. The total usage in fiscal year 1979-80 was $16,486. Also, linen usage in fiscal year 1979-80 was $10,209 and the June 30, 1979 and 1980 inventory levels were $52,711 and $42,489, respectively. This indicates that the hospital has considerable amounts of inventory which are used very seldom. Hospital officials have indicated that they do have considerable amounts of obsolete inventory. We also recognize that the decreasing enrollment at the hospital in recent years may have had an effect upon the excessive inventory levels.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL ANALYSE INVENTORY USAGE IN RELATION TO AMOUNTS ON HAND TO DETERMINE PROPER INVENTORY LEVELS.

Omitted Inventory

The hospital has not included all inventory on SIMS. The omissions include laboratory supplies, X-ray supplies, gasoline, canteen, and upholstering supplies. We observed the physical inventory of gasoline, canteen, and upholstery supplies and have included these items in Schedule 6. We do not believe that the omission of laboratory and X-ray supplies materially misstates Schedule 6. However, all the omitted items should be included as inventory on SIMS.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL INCLUDE ALL INVENTORIES ON SIMS.

EMPLOYEE LEAVE

Our examination of employee leave records revealed that certain leave of absence requests were not available for audit.

RECOMMENDATION

WE RECOMMEND THAT THE HOSPITAL INSURE THAT LEAVE OF ABSENCE REQUESTS BE PREPARED AND PROPERLY APPROVED FOR ALL LEAVE TAKEN.

PRIOR REPORT RECOMMENDATIONS

The hospital was audited under contract with the Office of Legislative Auditor for the year ended June 30, 1977. The auditing CPA firm made twenty five (25) recommendations. The status of these recommendations during our audit period was as follows:

Thirteen (13) are no longer applicable;

Five (5) have been implemented or partially implemented; and

Seven (7) were not implemented.

The recommendations which were not implemented have been mentioned previously in our report.

AUDITOR'S OPINION

AND

FINANCIAL STATEMENTS

NEWLAND, HORN, CRIPPEN & PECK, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
53 WEST BROADWAY
BUTTE, MONTANA 59701

B. HORN
L. CRIPPEN
. PECK

RONALD W. HANNI
JOHN F. BURNS

The Legislative Audit Committee
of Montana State Legislature:

We have examined the balance sheets of Warm Springs State Hospital as of June 30, 1980, and statements of operations for the year ended June 30, 1980 as listed in the Table of Contents of this report for the Warm Springs State Hospital. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

The hospital has not maintained accounting control of its general fixed assets, and accordingly a statement of general fixed assets, required by generally accepted accounting principles, is not included in the financial statements.

Total assets and the June 30, 1980 fund balance in the Federal and Private Revenue Fund are understated by $1,603 as a result of the failure to accrue grant revenues. Accrual of grant revenues earned is required by generally accepted accounting principles and State accounting policy. This matter is discussed further on page two (2) of the accompanying report.

As stated in paragraph two above, the hospital has not maintained accounting control of its general fixed assets. As a result, the Enterprise Fund does not include amounts representing fixed assets or accumulated depreciation at June 30, 1980. The effect of omitting fixed assets and accumulated depreciation from total assets cannot be reasonably determined, however, we believe it would have a material effect upon total assets and fund balance in the Enterprise Fund.

Total Enterprise Fund expenditures do not include depreciation or utilities expense, or expenses associated with administering the fund. The effect of omitting these expenditure items from the statement of revenue and expense and changes in retained earnings cannot be reasonably determined, however, we believe it would have a material effect upon net income or loss and retained earnings.

Because of the material effect of the matters discussed in paragraphs 3, 4 and 5 above, which are a variance from generally accepted accounting principles, in our opinion, the financial statements listed below do not present fairly the financial position of Warm Springs State Hospital as of June 30, 1980, or the results of its operations, or changes in its fund balances/retained earnings for the year then ended, in conformity with generally accepted accounting principles.

Statements	Funds not Fairly Presented
Balance Sheet	Federal and Private Revenue Fund Enterprise Fund
Statement of Revenue, Expenditures and Changes in Fund Balances	Federal and Private Revenue Fund
Statement of Revenue and Expense and Changes in Retained Earnings	Enterprise Fund
Statement of Changes in Financial Position	Enterprise Fund

In our opinion, the financial statements listed below present fairly the financial position of the Warm Springs State Hospital as of June 30, 1980 and the results of its operations and changes in its fund balances for the fiscal year then ended in conformity with generally accepted accounting principles which have been applied on a basis consistent with that of the preceding year.

Statements	Funds Fairly Presented
Balance Sheet	General Fund Insurance Fund Agency Fund
Statement of Revenues, Expenditures and Changes in Fund Balances	General Fund Insurance Fund Agency Fund

The accompanying Schedule of Expenditures by Object, Schedule of Capital Projects, Schedule of Reimbursements, Schedule of Inventories, Schedules of Patient Accounts, and the columns on the accompanying Statement of Revenues, Expenditures and Changes in Fund Balances captioned "Totals, Memorandum Only" are not necessary for a fair presentation of the financial statements but are presented as additional analytical data. This information has been subjected to the tests and other auditing procedures applied in the examination of the accompanying financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole except as this information relates to the material misstatements discussed in paragraphs 3, 4 and 5 of this opinion.

Respectfully submitted,

Newland, Horn, Crippen & Peck, P.C.

NEWLAND, HORN, CRIPPEN & PECK, P.C.
Certified Public Accountants

September 18, 1980

WARM SPRINGS STATE HOSPITAL

BALANCE SHEET - ALL FUNDS EXCEPT ENTERPRISE FUND
June 30, 1980

	Governmental Funds			Fiduciary Fund
		Special Revenue Fund		Trust and Agency Fund
ASSETS	General Fund	Federal and Private Revenue Fund	Insurance Fund	Agency Fund
Imprest cash	$ 505			
Revolving fund cash	2,500			
Cash in treasury		$ 324		$2,876
Cash on hand	345			23
Accounts receivable - expenditure abatements	15,751			
Federal cost reimbursement receivable		6,173		
Appropriation authority available to pay accrued expenditures	533,971			
Total assets	$553,072	$6,497	$ -0-	$2,899
LIABILITIES AND FUND BALANCE				
Accounts payable				$ 101
Accrued expenditures	$553,072	$2,916		
Accrued withdrawals		4,421		
Total liabilities	553,072	7,337	-0-	101
Fund balance	-0-	(840)	-0-	2,798
Total liabilities and fund balance	$553,072	$6,497	$ -0-	$2,899

See Accompanying Notes to Financial Statements

COMBINED STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES
BUDGET AND ACTUAL - ALL FUNDS EXCEPT ENTERPRISE FUND - CONTINUED
For the Fiscal Year Ended June 30, 1980

	Fiduciary Funds			Totals (Memorandum Only)		
	Trust and Agency Fund Agency Fund					
REVENUES	Budget	Actual	Variance Favorable (Unfavorable)	Budget	Actual	Variance Favorable (Unfavorable)
Insurance company reimbursement				$ -0-	$ 2,555	$ 2,555
Royalties from pop machine	$ -0-	$ 649	$ 649	-0-	761	761
Rental - Student nurse program				5,000	80	(4,920)
Rental - Employee housing				60,000	60,807	807
Oil and gas royalties				720	87	(633)
Miscellaneous receipts				100	2,178	2,078
Donations to 09233	-0-	3,390	3,390	-0-	3,390	3,390
Title I funds				28,000	27,913	(87)
Title IV funds				267	267	-0-
Vocation educational special needs				16,000	16,485	485
National school lunch program				12,000	24,484	12,484
Compliance employee training program				40,000	31,776	(8,224)
Total revenues	-0-	4,039	4,039	162,087	170,783	8,696
EXPENDITURES						
Administration				1,011,113	1,078,313	(67,200)
Operations and support				2,879,463	3,040,304	(160,841)
Ancillary services				500,051	533,038	(32,987)
Restorative	-0-	2,715	(2,715)	402,774	439,084	(36,310)
Treatment services				5,673,664	5,271,839	401,825
Total expenditures	-0-	2,715	(2,715)	10,467,065	10,362,578	104,487
Excess of current revenues over (under) current expenditures	-0-	1,324	1,324	(10,304,978)	(10,191,795)	113,183
OTHER FINANCING SOURCES (USES)						
Prior year adjustments				20,772	20,772	-0-
Support from (to) the general fund				10,146,409	10,148,904	2,495
Excess of revenues over (under) expenditures and other sources (uses)	-0-	1,324	1,324	(137,797)	(22,119)	115,678
Fund balances - July 1, 1979	1,474	1,474	-0-	24,077	24,077	-0-
Fund balances - July 1, 1980	$1,474	$2,798	$1,324	($ 113,720)	$ 1,958	$115,678

See Accompanying Notes to Financial Statements

WARM SPRINGS STATE HOSPITAL

PROPRIETARY FUND
ENTERPRISE FUND
CANTEEN FUND

BALANCE SHEET
June 30, 1980

ASSETS

Cash in treasury	$ 5,585
Cash on hand	1,553
Inventory	2,873
Total assets	$10,011

LIABILITIES AND RETAINED EARNINGS

Accrued withdrawals	$ 7,568
Retained earnings	2,443
Total liabilities and retained earnings	$10,011

See Accompanying Notes to Financial Statements

WARM SPRINGS STATE HOSPITAL

ENTERPRISE FUND
CANTEEN FUND
STATEMENT OF REVENUE AND EXPENSE AND CHANGES IN RETAINED EARNINGS

For the Fiscal Year Ended June 30, 1980

Revenue from canteen sales		$97,568
Expenses:		
Cost of goods sold:		
Inventory at July 1, 1979	$ 3,329	
Add purchases	74,661	
Total goods available for sale	77,990	
Deduct inventory at June 30, 1980	2,873	
Cost of goods sold		75,117
Gross profit on sales		22,451
Operating expenses:		
Direct salaries	24,172	
Employee benefits	6,215	
Maintenance	91	
Other	24	
Total operating expenses		30,502
Net loss		(8,051)
Retained earnings - July 1, 1979		10,494
Retained earnings - June 30, 1980		$ 2,443

See Accompanying Notes to Financial Statements

WARM SPRINGS STATE HOSPITAL

ENTERPRISE FUND
CANTEEN FUND
STATEMENT OF CHANGES IN FINANCIAL POSITION (WORKING CAPITAL)

For the Fiscal Year Ended June 30, 1980

Working capital gnerated	
Net loss from operations (Exhibit 4)	($8,051)
Net decrease in working capital	($8,051)

	Account Balances		Working Capital Increase (Decrease)
	June 30, 1980	June 30, 1979	
Changes in working capital accounts			
Current assets:			
Cash	$ 7,138	$ 8,588	($1,450)
Inventories	2,873	3,329	(456)
Total current assets	$10,011	$11,917	($1,906)
Current liabilities:			
Accrued withdrawals	7,568	1,423	(6,145)
Total current liabilities	7,568	1,423	(6,145)
Working capital	$ 2,443	$10,494	($8,051)

See Accompanying Notes to Financial Statements

WARM SPRINGS STATE HOSPITAL

NOTES TO THE FINANCIAL STATEMENTS

Fiscal Year Ended June 30, 1980

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The hospital's financial statements were prepared from the Statewide Budgeting and Accounting System (SBAS) and the hospital's inventory records.

Basis of Accounting

The State of Montana utilizes the modified accrual basis of accounting for all funds except the Enterprise Fund. Under the modified accrual basis of accounting, revenues are recorded when received unless they are susceptible to accrual, and expenditures are recorded when a valid obligation is incurred. Full accrual accounting is used for the Enterprise Fund.

Revenues are susceptible to accrual if they are measurable and available to finance expenditures of the fiscal period or are not received at the normal time of receipt.

With the following clarifications, a valid expenditure obligation exists when the associated liability is incurred.

The liability amount associated with unused accumulated vacation and sick leave at June 30, 1980, is maintained on an hourly basis rather than by dollar amount. The monetary liability is not calculated until an employee terminates. Upon termination, qualifying employees are paid at their current pay rate for 100 percent of accumulated vacation and 25 percent of unused sick leave.

If the appropriation provided funds to complete a given project, the entire amount of a service contract may be accrued even though the services are rendered in fiscal years subsequent to the fiscal year in which the expenditure is accrued.

The anticipated cost of equipment is expensed in the fiscal year in which budgeted.

Goods ordered, but not received as of the fiscal year-end, may be accrued if the purchase order was issued in the fiscal year in which the anticipated expenditure is to be accrued.

Fund Types

The State of Montana accounts are organized by a fund structure as outlined in Section 17-2-102, MCA. For financial presentation, these funds have been reclassified according to the National Council on Governmental Accounting (NCGA), Governmental Accounting and Financial Reporting Principles.

Governmental Funds

The General Fund - to account for all monies, except those monies required to be accounted for in another fund. General Fund monies deposited in the State treasury are available to defray the costs of State government.

Special Revenue Funds - to account for the proceeds of specific revenue sources that are legally restricted to expenditures for specified purposes. Special revenue funds include the earmarked revenue fund and the Federal and Private Revenue Fund.

Federal and Private Grant Clearance Fund - included as a governmental fund because uncleared collections representing revenue distributions to another governmental fund were recorded in this fund.

Fiduciary Funds

Trust and Agency Funds - to account for assets held by a governmental unit in a trustee capacity or as an agent for individuals, private organizations, or other governmental units. The hospital's agency fund is classified as a trust and agency/fiduciary fund.

Enterprise Funds

Enterprise funds are self-sustaining funds where a substantial amount of the revenues are derived from user charges. The hospital utilizes the Enterprise Fund to account for its canteen operations.

Inventories

There is no recorded asset for supplies inventory. Supplies are expensed at the time of purchase.

General Fixed Assets

The financial statements do not reflect the cost of general fixed assets. General fixed assets are recorded as expenditures in the various funds. Depreciation is not provided on general fixed assets.

2. RETIREMENT PLAN

Employees are covered by the Public Employees' Retirement System, a contributory plan under which the State contributes 6.2 percent of an employee's gross wages and the employee contributes 6 percent of his gross wages to the plan. The hospital incurred pension costs of $442,960 during fiscal year 1979-80.

The State's policy is to fund accrued pension costs. At June 30, 1978, the Public Employees' Retirement System was actuarially sound. The unfunded past service costs and the actuarially computed value of vested benefits were not readily available for members of the plan employed by the hospital.

3. GENERAL FUND BALANCE

The State's General Fund beginning and ending fund balance on a nonconsolidated basis is zero since any balance in the fund is owed to the consolidated entity at fiscal year-end.

4. CASH RESTATEMENT

To reflect the actual June 30 cash balance for financial statement purposes, the Department of Administration restated (increased) cash in treasury and accrued

liabilities balances to reflect cash paid during the 1979-80 fiscal year-end adjustment period.

5. OPERATING BUDGETS

Appropriations in the General Fund account were overspent by $127,301 in the Administration Program, by $160,841 in the Operations and Support Program, $32,987 in the Ancillary Services Program, and $80,635 in the Restorative Program during fiscal year 1979-80. Total hospital General Fund expenditures, however, did not exceed total hospital General Fund appropriation authority.

6. PENDING LITIGATION

Warm Springs State Hospital is a defendant in a class action suit instituted by patients at the hospital. The suit is for approximately one million dollars and alleges that the State hospital lacks the necessary legal authority to control patient's money and to pay reimbursement charges. The outcome of this suit is uncertain at the date of this report.

WARM SPRINGS STATE HOSPITAL

ALL FUNDS
SCHEDULE OF EXPENDITURES BY OBJECT

Fiscal Year Ended June 30, 1980

Expenditure Object	Canteen	Administration	Operations and Support	Ancillary Services	Restorative	Treatment Services
Personal Services:						
Salaries	$ 24,172	$ 726,781	$1,491,913	$314,482	$348,784	$4,332,134
Hourly wages		140	3,275			
Employee benefits	6,216	140,595	370,948	61,028	53,885	862,691
Total personal services	30,388	867,516	1,866,136	375,510	402,669	5,194,825
Operating Expenses:						
Contracted services		38,621	100,279	60,769	5,226	3,869
Supplies and materials	74,661	55,663	458,841	78,325	21,545	58,055
Communications		60,419				
Travel		1,334	197	113	472	14,061
Rent		15,637	4,664		3,924	
Utilities			548,556			
Repairs and maintenance	90	28,371	50,374	11,070	1,362	117
Other expenses	23	7,698	2,767	330	1,193	912
Total operating expenses	74,774	207,743	1,165,678	150,607	33,722	77,014
Equipment		3,054	8,490	6,921	2,693	
Total expenditures	$105,162	$1,078,313	$3,040,304	$533,038	$439,084	$5,271,839

WARM SPRINGS STATE HOSPITAL

PATIENT ACCOUNTS

SCHEDULE OF ACCOUNT BALANCES
June 30, 1979 and 1980

	June 30, 1980	June 30, 1979
ASSETS		
Cash on hand	$ 2,497	$ 790
Cash in bank - checking	80,578	79,909
Cash in bank - savings	83,689	109,652
Total assets	$166,764	$190,351
ACCOUNTABILITY		
Accountability - patient funds - operating	$ 78,242	$ 76,138
Accountability - patient funds - savings	83,689	109,652
Accountability - unredeemed canteen coupons (Note 2)	4,833	4,561
Total accountability	$166,764	$190,351

WARM SPRINGS STATE HOSPITAL

PATIENT ACCOUNTS
SCHEDULE OF RECEIPTS, DISBURSEMENTS, TRANSFERS AND CHANGES IN ACCOUNTABILITY

For the Fiscal Year Ended June 30, 1980

	Accountability		
	Patient Funds - Operating	Patient Funds - Savings	Unredeemed Canteen Coupons
otal receipts	$357,635	$ 2,497	
otal disbursements	(383,719)		
Excess of receipts over (under) disbursements	(26,084)	2,497	$ -0-
ther financing sources (uses):			
Transfers to savings	(26,100)	26,100	
Transfers from savings	54,560	(54,560)	
Increase in unredeemed coupons	(272)		272
Total other financing sources (uses)	28,188	(28,460)	272
Excess of receipts over (under) disbursements and other sources (uses)	2,104	(25,963)	272
ccountability - July 1, 1979	76,138	109,652	4,561
ccountability - June 30, 1980	$ 78,242	$ 83,689	$4,833

WARM SPRINGS STATE HOSPITAL

SCHEDULE OF CAPITAL PROJECTS
Fiscal Year Ended June 30, 1980

Project Description	Appropriation Balance July 1, 1979	Budget Amendments	Expended Fiscal Year 1979-80	Appropriations Reverted	Appropriation Balance June 30, 1980
Sewage project	$125,000		$ 10,623		$114,377
Ground improvements	52,069		51,164	$905	-0-
Water lines	43,330		43,330		-0-
Roof replacement	252,000	($50,905)	82,191		118,904
Maintenance project	164,000		12,160		151,840
Replace windows	110,000	65,000	9,628		165,372
Remodel - Warren Kansas building Phase II	-0-	3,485	3,485		-0-
Continue fire protection projects Phase I	-0-	2,152	2,152		-0-
Totals	$746,399	$19,732	$214,733	$905	$550,493

WARM SPRINGS STATE HCSPITAL

SCHEDULE OF REIMBURSEMENTS COLLECTED

Fiscal Year Ended June 30, 1980

Private	$298,349
Insurance	103,273
Medicaid	342,063
Medicare	5,626
Employee services	60
Total collected	$749,371

WARM SPRINGS STATE HOSPITAL

SCHEDULE OF INVENTORIES

June 30, 1980

CATEGORY	Amount
Electrical	$ 45,182
Carpentry	17,968
Plumbing	45,638
Paint and painting materials	30,335
Hardware	11,619
Food	28,981
Janitorial and cleaning supplies	14,186
Clothing	83,532
Hygiene supplies	3,467
Office supplies	14,554
Bedding, towels	42,489
Paper kitchen supplies	19,975
Laundry supplies	15,968
Miscellaneous	5,645
Medical supplies	16,392
Drugs	33,474
Diesel	660
Gasoline	1,598
Sewing room inventory	7,367
Upholstery shop inventory	3,861
Canteen	2,873
Total	$445,764

WARM SPRINGS STATE HOSPITAL

NOTES TO THE SCHEDULES

Fiscal Year Ended June 30, 1980

1. All Patient Account Schedules are recorded on the cash basis.

2. The Patient Accounts, Schedule of Account Balances, displays $4,561 and $4,833 at June 30, 1979 and June 30, 1980, respectively, as accountability unredeemed canteen coupons. This represents an accumulation of unredeemed coupons issued to patients over a period of years. This is discussed further in the auditor's comments accompanying this report.

AGENCY REPLIES

DEPARTMENT OF INSTITUTIONS

THOMAS L. JUDGE, GOVERNOR

1539 ELEVENTH AVENUE

STATE OF MONTANA

(406) 449-3930

HELENA, MONTANA 59601

October 30, 1980

Legislative Audit Committee
of the Montana State Legislature
Office of the Legislative Auditor
State Capitol
Helena, MT 59620

Gentlemen:

We have reviewed the audit report prepared by Newland, Horn, Crippen and Peck, P.C., Certified Public Accountants, of the Warm Springs State Hospital.

The report provides a very welcome service and is sincerely appreciated. Our response to recommendations is attached.

Sincerely,

Lawrence M. Zanto
Director

LMZ:jw

Attachment

"AN EQUAL OPPORTUNITY EMPLOYER

GRANT REVENUE ACCRUAL

Recommendation #1

We recommend that the hospital accrue grant revenue in accordance with generally accepted accounting principles and state accounting policy.

Response #1

Warm Springs concurs with this recommendation. Future receivables will be recorded.

INTERNAL CONTROL OVER EXPENDITURES

Recommendation #2

We recommend that the hospital require that all individual entities within the Hospital indicate account distribution on requisitions.

Response #2

Warm Springs concurs with this recommendation. This has been partially implemented at this time.

INTERNAL CONTROL OVER PAYROLL

Recommendation #3

We recommend that payroll checkes be distributed by someone other than the employees responsible for payroll preparation.

Response #3

Warm Springs concurs with this recommendation. Procedures will be implemented to provide separation of duties.

CASH

Recommendation #4

We recommend that the Hospital record cash on hand in compliance with state accounting policy.

Response #4

Warm Springs concurs with this recommendation. Future deposits will be recorded in year received.

Recommendation #5

We recommend that the hospital make deposits in compliance with Montana Operations manual chapter 2-1210.22.

Response #5

Warm Springs does not concur with this recommendation. Montana Operations Manual Chapter 2-1210.22 establishes the criteria of risk for undeposited funds, cost of making deposits and an effective investment function as being the important factors governing frequency of deposits. All undeposited funds are kept in a locked safe. At this time there is no known loss as a result of this method of safekeeping. The current cost of making each deposit is $15.80. The cost breakdown is as follows:

Teamster 1 hour @$8.38/hr	=	$ 8.38
Vehicle cost 25 miles @.20/mile	=	5.00
Accounting function ¼ hr @8.09/hr	=	2.02
Misc. paper etc.		.40
		$ 15.80

This means it would cost us an additional $63.20 per week to deposit daily ($15.80 x 4). The average daily deposit would be about $420.00. By depositing on a daily basis the investment gain would be about $4.61 per week over using a weekly deposit. The net cost of making daily deposits is then $58.59 per week ($63.20 - $4.61) or $3,046.68 per year to the state. Therefore, considering the three criteria of the Montana Operations Manual, we feel that the risks involved are extremely small while the additional costs do not justify the increased investment gains.

INTERNAL CONTROL OVER CASH

Recommendation #6

We recommend that the hospital issue receipts immediately upon receipt of cash or cash items.

Response #6

Warm Springs concurs with this recommendation. Receipts will be promptly issued.

AGENCY FUND

Recommendation #7

We recommend that the hospital deposit all donations into the federal and private revenue fund in accordance with MCA, Section 17-2-102 and Attorney General Opinion number 106 within volume 36.

Response #7

Warm Springs does not concur with this recommendation. MCA Section 17-2-102 states that the Federal and Private Revenue Fund consists of those expendable moneys from federal and private sources which are to be used for the operation of state government. The key phrase is "for the operation of state government". We do not feel that the donation moneys are to be used for the operations of state government. They are moneys which are given by private donors or groups for the purpose of buying patients' items which are normally not furnished through the normal state operations. Examples of this are Christmas gifts and other holiday treats. It is our contention that we are acting merely as a custodian for the funds and are, therefore, using the Agency Fund under the above cited section of law.

In regards to the Attorney General Opinion 106, we feel that we are in compliance with it. Three points of the opinion do not pertain to Warm Springs State Hospital. Of the remaining two points, one requires that cash be deposited with the state treasurer. There is no specific account referred to and we are currently depositing all funds with the state treasurer. The remaining point states that such funds deposited with the state treasurer may be utilized whenever its discretion is so moved, without a specific appropriation. Once again we are in compliance with that point.

In order to reach a satisfactory conclusion to this recommendation we feel that the Department of Institutions in conjunction with Warm Springs State Hospital should request an Attorney General's Opinion as it relates to our circumstances.

FIXED ASSETS

Recommendation #8

We recommend that the hospital:

1. Take a physical inventory of all fixed assets immediately;

2. Prepare the necessary adjustments to the asset records to reflect the physical inventory. The hospital will have to research invoices paid in the past two years to record the cost and acquisition date of newly purchased assets; and

3. Maintain the PPI on a continual basis properly recording all additional, deletions and transfers. All transfers should be authorized in writing by the appropriate officials.

Response #8

Warm Springs concurs with this recommendation. At this time a complete physical inventory has been started utilizing the Supply Inventory Management System for the permanent record.

PATIENT ACCOUNTS

Recommendation #9

We recommend that the hospital contact the Department of Revenue to determine the proper procedures for turning funds representing unredeemed coupons, over to the Department of Revenue in compliance with Section 70-9-102, MCA.

Response #9

Warm Springs concurs with this recommendation. Contact will be made with the Department of Revenue to establish proper procedures for disposal.

Recommendation #10

We recommend that the function of patient cash and check receiving be separated from subsequent deposit duties.

Response #10

Warm Springs concurs with this recommendation. A separation of duties will be undertaken to correct this deficiency.

Recommendation #11

We recommend that the hospital contact the Department of Administration accounting division for guidance in placing patient accounts on SBAS.

Response #11

Warm Springs concurs with this recommendation. Contact will be made with the Department of Administration to determine the feasibility of interfacing the current patient accounts system and SBAS.

INVENTORIES

Recommendation #12

We recommend that the hospital analyze inventory usage in relation to amounts on hand to determine proper inventory levels.

Response #12

Warm Springs concurs with this recommendation. The hospital has been working on this problem which has been caused basically from a declining population followed by a demolition of buildings which has resulted in large stocks of now obsolete maintenance items. Continued actin will be taken to reduce the inventory level to what we feel is a reasonable operating stock.

Recommendation #13

We recommend that the hospital include all inventories on SIMS.

Response #13

Warm Springs concurs with this recommendation. Procedures will be implemented to include as much as practicable inventories on SIMS.

Recommendation #14

We recommend that the hospital insure that leave of absence requests be prepared and properly approved for all leave taken.

Response #14

Warm Springs concurs with this recommendation. Procedures have been implemented to insure that leave requests are properly filled out and turned into the Personnel Office.

ATTACHMENT XXVI

COSTS
Childrens Unit Warm Springs State Hospital
Projections FY 82 - FY 83 - FY 84
Projections New Facility FY 85 - FY 86

	Actual Per Medicaid Cost Report			Projected			New Facility Projected	
	FY 79	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
Direct Charges								
Salaries	425,927	489,203	521,322	652,587	730,897	796,678	1,909,370	2,081,213
Benefits	92,767	100,599	141,588	192,146	215,203	234,571	515,931	568,394
Depreciation	7,773	7,657	33,205	33,205	33,205	33,205	87,533	87,533
Other Expenses	5,126	1,228	1,844	471	513	559	382,229	416,539
TOTAL DIRECT	531,593	598,687	697,959	878,409	979,818	1,064,454	2,895,063	3,153,679
Indirect Charges								
Allocated Charges	297,641	721,592	657,626	736,541	824,925	899,168	31,497	34,331
Start-Up Cost (New Facility)						(75,195)*		
PROGRAM TOTAL	829,234	1,320,279	1,355,585	1,614,950	1,804,743	1,963,622	2,926,560	3,188,010
Patient Days	10,924	9,766	9,878	9,942	9,942	9,942	19,878	19,878
Cost/Day	75.91	135.19	137.23	162.44	181.53	197.51	147.23	160.38
Cost/Year/Child	27,707	49,344	50,078	59,291	66,258	72,091	53,739	58,539

*One time expenditure (Not in cost/day)

Estimated Reimbursement for the Children's Unit
60 Beds

1985

Patient Days	- 19,878	
Total Expenses	- $2,926,560	
Cost/Patient Day	- $147.23	
Medicaid Days 76.9%		15,286
		x147.23
		$ 2,250,645
Private Pay Days 23.1%		4,592
		x147.23
		676,053
Insurance 33.33%		33.33%
		$ 225,327
* Medicaid		$ 2,250,645
** Private Pay		450,726
Insurance		225,327
	$ 2,926,698	

1986

Patient Days	= 19,878	
Total Expenses	$3,188,034	
Cost/Patient Day	= $160.38	
Medicaid Days 76.9%		15,286
		x 160.38
		$2,451,569
Private Pay Days 23.19		$4,592
		160.38
		$ 736,465
Insurance 33.33%		33.33%
		$ 245,464
* Medicaid		$2,451,569
Private Pay		491,001
Insurance		245,464
		$3,188,034

* Includes some non-allowable costs such as the education program which will be reimbursed by either the Office of Public Instruction or the State General Fund.

** This is the amount billed - General Fund Supplants almost 100% of this.

Cost Comparison Existing Facility vs New Facility

FY 84, FY 85, and FY 86

FY '84	Cost/patient day (existing facility)	$ 197.51	
	plus 9% inflation	17.78	
FY '85	Cost/patient day (existing facility)	$ 215.29	
	Cost/patient day (new facility)	147.23	
		68.06	Savings
FY '85	Cost/patient day (existing facility)	$ 215.29	
	plus 9% inflation	19.38	
FY '86	Cost/patient day (existing facility)	$ 234.67	
	Cost/patient day (new facility)	160.38	
		74.29	Savings

Annual savings per patient

FY '85	68.06 X 365 =	$ 24,841.90
FY '86	74.29 X 365 =	27,115.85
$24,841.90 X *27.237 =		$ 676,619.00
27,115.85 X 27.237 =		738,554.00
Total two year savings		$1,415,173.00

* 30 beds X 90.79% accupancy = 27.237

ATTACHMENT XXVII

CHILDREN'S PROGRAM

PROPOSAL

INTRODUCTION

The current status of Montana's system of services to seriously emotionally disturbed children may best be described as disjointed, unresponsive, and underserving. Owing to a growing body of conflicting state and federal statutes that disperse major responsibility for this population across at least three state departments - the Department of Social and Rehabilitation Services, the Department of Institutions and the Office of the Superintendent of Public Instruction - the task of long range planning and coordination of services has become increasingly complex. To adequately meet the needs of this population requires a continuum of services ranging from fully community integrated foster homes to the highly structured and intensity of services that can best be provided within an institutional setting. The present proposal deals only with the latter aspect of the continuum where the statutory responsibility is most clearly defined as vested in the Department of Institutions. While such institutionally based services necessarily must be incorporated into the larger continuum of services, it is not the intent of this proposal to redefine the roles and responsibilities of the various state agencies. Rather, this proposal is intended to define the institutional needs for the seriously emotionally disturbed, and present alternatives for consideration.

PROBLEM

The problem of most immediate concern to the Department of Institutions is the provision of appropriate services to seriously emotionally disturbed children who are currently receiving no services within existing community programs and for whom services are unavailable at Warm Springs State Hospital due to the

limited capacity of that program. A survey conducted by the Interagency Committee for Emotionally Disturbed Children (see attached) in August, 1980, indicated that there are approximately 144 seriously disturbed youth in Montana who require physically secure institutional treatment. For lack of appropriate facilities, many of these children are currently detained in jails, placed in out-of-state institutions, located in community programs which are not meeting their needs, confined to Pine Hills and Mountain View Schools, or housed on adult psychiatric wards at Warm Springs.

Currently, the only institution-based resource available to the Department is the Children's Unit located at Warm Springs State Hospital. Established in 1976 as part of a federal Hospital Improvement Project grant, this program was originally intended to serve only as a temporary resource until such time as a permanent institutional program for children could be established. The program has served as a valuable resource but it is limited by facility and staff to a maximum of 30 children. Additionally, because the facility is not certified for Medicaid reim-reimbursement, the total cost of the program, estimated at $42,340.00 per year per child, is borne by the state general fund.

PROPOSED SOLUTION

It is proposed that a 60 bed inpatient program for seriously emotionally disturbed adolescents be established. The facility and staffing characteristics of such a program will be based upon meeting the fundamental physical/medical, psychological, developmental, educational, social, environmental and recreational needs of the children served.

This program will serve children who are between the ages of 13 and 17 and who, because of serious mental illness and maladaptive behavior, require a higher degree of security and treatment intensity than can be provided in typical community-based programs such as foster and group homes. The emphasis of the program will be treatment. Although it is likely that a number of residents would have histories of antisocial and even criminal behavior, this program should be viewed entirely as a treatment, rather than correctional, facility. Only adolescents who are diagnosed as seriously mentally ill will be admitted for treatment.

The thirteen to seventeen year old age range was selected because the needs assessment survey referred to above found that 87% of the seriously disturbed children identified fall into this group. It is also felt that it would be inappropriate to treat younger children in this kind of facility. This program will have both male and female residents with provisions made for segregation of sexes, where appropriate, and opportunities for normal coeducational interaction. It is anticipated that approximately 70% of the residents will be males.

In order to meet the multifaceted needs of seriously disturbed adolescents, programming will be based upon individualized treatment plans designed by a multi-disciplinary professional staff. In addition to a comprehensive physical and psychological examination, each child's social/environmental history will be taken. Such history will include an evaluation of the child's relationships within the structure of the family and community at large, and an evaluation of the characteristics of the social peer-group, and/or institutional setting from which the resident comes. Consideration will be given to the child's family circumstances, including the stability of the family group, their current living situation, and all relevant social, religious, ethnic, cultural, financial, emotional and health

factors. Additionally, an assessment will be made of the advisability and likelihood of the family's participation in the treatment and rehabilitation of the child. The child's current educational needs and functions, including deficits and strengths, will be assessed. Potential educational impairment and current and future educational potential will be evaluated according to established special education standards.

Based upon the initial assessment, each resident will have a written treatment plan which reflects the services necessary to meet that individual's needs. The treatment plan will be formulated by a multidisciplinary team and will assign overall case management and treatment responsibility to a clinical professional staff member. The primary treatment modalities which will be available include group and individual therapy, pre-vocational training, behavior modification, special education, social skill training, sensory-motor training, self-help skill training, chemotherapy, and recreation therapy. The individual treatment plan for each child shall include:

- specific goals, with both long and short-term objectives and anticipated time lines for achieving each objective;

- a description of the planned services, activities and programs, and specified staff-child interactions;

- a designation of specific staff responsibilities for the conduct of each service and activity;

- a designation of the means for measuring the program or outcome;

- the specific criteria for the termination of treatment and for follow-up planning;

- the specific plan for involvement of the family or significant others.

- a proposed placement plan for the client when treatment goals have been reached.

The proposed facility and program will be designed to meet the certification requirements for Medicaid reimbursement. Although the facility will be self-contained -- including residential, dining, treatment, education and recreational components -- residents will have available to them, on a basis consistent with individual treatment goals, community resources such as libraries, recreational facilities, retail stores, theatres, and restaurants. In addition, community-based medical, educational, mental health, vocational, and social services may be used to supplement the facility's program and to facilitate gradual re-entry of residents into non-institutional lifestyles. At the same time, the proposed program would offer outpatient mental health services on a limited basis and thereby serve as a resource to the community. The intention is to plan a program which, while maintaining the ability of an institution to carefully control and monitor the entire treatment plan, does not prevent residents from participating in those potentially therapeutic aspects of community life of which they are capable.

ALTERNATIVE PROGRAM MODELS

There are essentially three alternatives for locations of the general program described above: an urban setting with university affiliation, an urban setting without university affiliation, or the campus of Warm Springs State Hospital.

Urban Location With University Affiliation

This option is intended to maximize the resources that would be available to the program through affiliation with a university and location in a metropolitan area. It is anticipated that university affiliation would provide opportunities for psychology, social work, special education and/or other students to serve as interns in the program. Such participation would be mutually beneficial through augmentation of the core professional staff of the program and simultaneously providing a unique opportunity for students to receive practical, hands-on, experience. Many professionals consider the availability of university resources and affiliation when seeking employment and a university would certainly benefit from having program staff available as guest or adjunct faculty. Resources of a university such as professional staff, library, and recreational facilities would also be available. In addition, the opportunity to possibly reduce expenses by contracting with a university for services such as food service, data processing and business support also makes this alternative attractive.

In addition to increasing the available labor pool, there are two other significant advantages to locating the program in a metropolitan area. First, the proximity to a network of existing community programs, including group homes and public schools, would facilitate the gradual reintegration of the children into a community setting. Second, the concentration of expertise of staff in the facility would become available as a resource to the community programs. The anticipated staff interaction between community and institutional programs should ultimately reduce the prevailing antagonisms that exist between community and institution.

Projected Costs:

I. Personnel

A. Administration	F.T.E.	Grade	Salary
Program Director	1.0	18	$22,943
Secretary II	1.0	8	9,746
Secretary I	0.5	7	4,500
Medical Records Clerk II	0.5	7	4,500
Business Manager II	1.0	14	16,232
Laundry Worker I	1.0	6	8,309
Maintenance Supervisor I	1.0	12	13,570
Maintenance Worker II	2.0	9	21,148
Custodial Worker I	4.5	5	34,583
Accounting Technician I	1.0	9	10,574
Total Administration	13.5		$146,105

B. Direct Care			
Professional Nurse III	1.0	14	16,232
Professional Nurse II	5.0	13	73,815
Licensed Practical Nurse II	12.0	10	137,772
Psychiatric Aide III	5.0	9	52,870
Psychiatric Aide II	20.0	8	194,920
Psychiatric Aide I	9.5	7	85,500
Total Direct Care	52.5		$561,109

C. Developmental Staff	F.T.E.	Grade	Salary
Psychologist V	1.0	17	$ 21.026
Psychologist III	2.0	15	35,368
Psychiatric Social Worker IV	1.0	16	19,286
Social Worker III	1.0	13	14,763
Recreation Therapist II	1.0	14	16,232
Recreation Aide II	2.0	9	21,148
Occupational Therapist II	1.0	14	16,232
Occupational Therapist I	1.0	13	14,763
Music Therapist II	1.0	14	16,232
Ungraded Teacher II	5.0	12	67,850
Teacher Aide II	7.0	8	68,222
Vocational Instructor II	2.0	12	27,140
Total Developmental Staff	25.0		$338,262
Total Salaries	91.0 F.T.E.		$1,045,476
Employee Benefits (22%)			230,004
Total Personnel			$1,275,480

II. Contracted Services

Psychiatry (300 hrs. @ $50/hr)	15,000
Laundry (linen only)	12,000
Dietary (48 hrs. @ $15/hr)	720
Insurance	4,200
Hospitalization (10 days @ $190/day)	1,900
Pest Control	600
Dental	2,400
Optometric	2,000

Pharmacy	600
Laboratory	3,000
Hair Care	1,200
Accreditation	5,000
Food Service (65,700 meals @ $2/meal)	131,000
Non-Psychiatric Physician (40 hrs. @ $50/hr)	2,000
Interns (psychology, social worker, educational, recreational, etc.--5,600 hrs. @ $5/hr)	28,000
Total Contracted Services	$209,620

III. Supplies/Materials

Athletic/Recreational	1,000
Clothing and Personal (60 residents @ $250)	15,000
Education Supplies	3,500
Housekeeping	1,900
Janitorial	4,000
Medical Supplies	2,500
Minor Tools	600
Office Supplies	3,300
Photo/Reproduction	100
Vehicular Supplies	400
Gasoline	3,500
Plumbing	100
Drugs	500
Books	250
Building Supplies	500
Shop Supplies	50
Laundry Supplies	1,500

	Linens and Bedding	1,000
	Electrical Supplies	100
	Reinforcers	600
	Total Supplies/Materials	$40,400
IV.	Communications:	
	Installation	1,500
	Local	4,200
	Long Distance	600
	Advertising	1,500
	Postage	1,200
	Total Communications	9,000
V.	Travel	
	Patient	1,000
	Staff	4,000
	Total Travel	5,000
VI	Rent	
	Office Equipment	4,000
	Total Rent	4,000
VII.	Utilities	
	Heat/Electricity	45,000
	Water/Sewer	3,000
	Garbage and Trash	170
	Total Utilities	48,170

VIII.	Repairs and Maintenance	
	Building and Grounds	7,500
	Office Equipment	700
	Fire Alarm	400
	Shop Plant Industrial Equipment	1,500
	Vehicles and Auto Equipment	2,000
	Paint	425
	Educational Equipment	200
	Personal Care Items	250
	Dormitory Equipment Repairs	250
	Total Repairs/Maintenance	$13,225
IX.	Other	
	Subscriptions	200
	Registration Fees	600
	Freight	150
	Licenses	175
	Total Other	$1,125
X.	Equipment	
	Start-up Equipment	32,000
	40 Passenger Bus	35,000
	9 Passenger Van	10,000
	Automobile	7,000
	Small Tractor and Attachments	6,000
	Total Equipment	$90,000

First Year Budget Summary:

I	Personnel	$1,275,480
II	Contracted Services	209,620
III	Supplies/Materials	40,400
IV	Communications	9,000
V	Travel	5,000
VI	Rent	4,000
VII	Utilities	48,170
VIII	Repairs and Maintenance	13,225
IX	Other	1,125
X	Equipment	90,000
	TOTAL (Option 1)	$1,696,020

Predicted Income:

Medicaid Reimbursement (17,520 patient days @ $71) = $1,245,661

State General Fund Obligation =$1,696,020 -(.65) $1,245,661 = 886,340

NOTE: Land acquisition is not included.

Urban Location Without University Affiliation

This option is intended to maximize the use of community resources found in urban areas without the formal linkage to a university. The advantages of a metropolitan location which were cited above are also relevant to this alternative (i.e., proximity and interaction with existing community programs, increased labor pool, opportunities for gradual reintegration of residents, etc). Lost would be the opportunity to use (and help train) student interns in the program. A less tangible disadvantage involves the loss of a reciprocal learning-teaching relationship which can, on an informal basis, exist between universities and service programs. There would also, of course, be no possibility of saving money via sharing resources with a university. The absense of the necessity for a university affiliation would, on the other hand, allow for greater flexibility in selecting among potential urban centers for this program.

Projected Costs:

The cost to operate the program under this option would be identical to the cost under the first option except that the absence of student interns would reduce the contracted services by $28,000 and the addition of one Psychologist III, one Social Worker III, and one Recreation Aide II, to offset the loss of interns, would increase the total personnel budget by $52,485.

First Year Budget Summary:

I Personnel	$ 1,327,965
II Contracted Services	181,620
III Supplies/Materials	40,400
IV Communications	9,000
V Travel	5,000
VI Rent	4,000
VII Utilities	48,170

VIII	Repairs and Maintenance	$ 13,225
IX	Other	1,125
X	Equipment	90,000
	Total (Option 2)	$1,720,505

Predicted Income:

Medicaid (17,520 patient days @ $72.50) =	1,270,146
Net General Fund Obligation =	894,910

Warm Springs State Hospital Campus

A third option for a location for this program is the grounds of Warm Springs State Hospital. The principal advantage of this alternative is the availability of administrative and support resources currently in place at Warm Springs. Although the cost of these services must be calculated into the overall program costs, it is anticipated that such costs would be less than those in a free-standing unit. It is also anticipated that the disruption involved with moving the current children's unit into a new building on the Warm Springs campus would be less than that if the move were made to a different community.

There are two significant disadvantages to locating this program on the Warm Springs campus. First, Warm Springs's isolated location would make impossible the use of community resources and difficult the gradual re-introduction of residents to non-institutional living. Warm Springs, like most institutions, was founded in an era when separating the disabled from society was a prime motivating factor in choosing institutional sites. Today, the availability of

a labor pool and the opportunity to integrate community resources into the treatment program are recognized as far more relevant variables.

A second disadvantage of a Warm Springs location is that it may jeopardize Medicaid reimbursement. A requirement for Medicaid certification of children's psychiatric programs is that the program is accredited by the Joint Commission on Accreditation of Hospitals (JCAH). JCAH will not accredit a part of a non-accredited facility. The children's program could not be accredited, therefore, unless the entire Warm Springs program were accredited or the children's program were viewed as a separate entity. If the children's program were a separate institution, the advantages of location on the Warm Springs campus would be, if not lost, at least complicated. Warm Springs administrative and support services would still presumably be available to the children's program, but they would probably have to be provided under some formal contractual mechanism and would, of course, have to meet JCAH standards at least in so far as they serve the children's unit.

Predicted Medicaid Reimbursement

The prediction is based upon inclusion as reimbursable expenses all direct services expenditures which are non-educational and 82% of non-direct service expenditures. All expenses which are directly educational or otherwise unallowable are excluded. Automotive equipment is depreciated over 5 years, original furnishings over 10 years and the building itself over 30 years. The following are reimbursable costs by budget category.

Option 1

Personnel	$ 855,965
Contracted Services	208,420
Supplies/Materials	33,498
Communications	7,380
Travel	4,100
Rent	3,280
Utilities	39,499
Repairs/Maintenance	10,680
Other	922
Equipment	12,136
Building & Original Furnishings	69,781
Total Reimbursement	$1,245,661

Note: Land acquisition is not included.

Option 2

Personnel	908,450
Contracted Services	180,420
Supplies/Materials	33,498

Communications	7,380
Travel	4,100
Rent	3,280
Utilities	39,499
Repairs/Maintenance	10,680
Other	922
Equipment	12,136
Building & Original Furnishings	69,781
Total Reimbursement	$1,270,146

Note: Land acquisition is not included.

MAR 4 1981

December 18, 1980

RECEIVED

MAR 3 1981

DEPT. OF INSTITUTIONS

Mr. Eugene Huntington
Office of Budget and Program Planning
Room 237
State Capitol
Helena, Montana 59620

Dear Gene:

I have completed a preliminary program and corresponding estimate for the proposed children's unit as you requested last week. To the best of my knowledge the proposed facility complies with the construction requirements for this type of occupancy, but I would appreciate a further review by the specialist you have mentioned just in case there are additional needs. As you can see from the attachment, there is an estimate for both a 30-bed and a 40-bed unit.

One item which has not been included in the estimate, but is a vital budgeting consideration is the cost of land. In order to establish the amount of land required for this type of facility the assumption must be made that zoning regulations will be consistent in different communities. More specifically, that the building coverage factor will not vary. Under guidelines followed by the City of Helena, no more than 40% of the lot shall be occupied by a principal building. Therefore, to adequately site the building and its related parking, approximately one acre is necessary.

Since individual sites have not yet been selected, providing accurate land costs is difficult if not impossible. Basically, location is everything and I would suspect that land could vary from $60,000 to $175,000/acre for sites acceptable to the overall program goals. Obviously, at this point in the project, it is more important to recognize the potential for costs than to worry about trying to "guesstimate" what they will actually be since they are so susceptible to wide fluctuations.

As the project begins to develop, I will be happy to work with you to modify the program and estimate if the need arises. Until then, if you have any questions or need additional information, please contact me.

Sincerely,

THOMAS B. O'CONNELL, Chief
Facility Planning Bureau

TBO/lmh
Enclosure

PRELIMINARY ESTIMATE

30-BED - CHILDREN'S UNIT

FUNCTIONAL AREA REQUIREMENTS	ROOMS	AREA	TOTAL
2-Bedroom w/Private Toilet	15	250 ea.	3,750
Dining Room	1	750	750
Recreation Room	1	480	480
Nurses Station	1	250	250
Exam Room	1	150	150
Drug Distribution Station	1	50	50
Equipment Storage Room	1	50	50
Patient Bathing Facilities	2	220 ea.	440
Lobby	1	100	100
Public Toilets	2	75 ea.	150
Interview Space	1	100	100
Administrative Offices	4	120 ea.	480
Professional Offices	3	120 ea.	360
Office Storage & Supplies	1	50	50
Soiled Linen	1	90	90
CLean Linen	1	120	120
Holding	1	90	90
Classroom	2	400 ea.	800
Conference Room	1	300	300
Kitchen	1	550	550
Kitchen Storage	1	250	250
General Storage	1	600	600
			9,960
	70% UTILIZATION		4,269
			14,229 sq.ft.

1.	Building as Proposed by Functional Area Requirements	
	14,229 sq.ft. @ 75.00/sq.ft.	$ 1,067,175
2.	Estimated Construction Cost	
	December '80 - $ 1,067,175 1980 - 1981 - 1,163,221 1981 - 1982 - 1,233,014	
	Assume July "82" Bid Date	1,233,014
3.	A/E Fees @ 10%	123,301
4.	Furnishings	
	30 @ 12.00 ea.	36,000
	Desks, Tables, Office Furn. @	12,000
5.	Utilities @	20,000
6.	Contingency @ 5% of Construction Cost	61,651
7.	Site Work @ 4% of Construction Cost	49,321
		$ 1,535,287
	30-Bed Estimated Total Project Cost =	$ 1,535,000
	40-Bed Estimated Total Project Cost =	$ 1,960,000

40 BED CHILDREN'S PROGRAM PERSONNEL

Administration

	FTE	Grade	Salary (1981,step 2)
Program Director	1.0	18	$ 24,126
Secretary II	1.0	8	10,269
Secretary I	0.5	7	4,743
Medical Records Clerk II	0.5	7	4,743
Business Manager II	1.0	14	17,080
Laundry Worker I	1.0	6	8,760
Maintenance Supervisor I	1.0	12	14,284
Maintenance Worker II	2.0	9	22,278
Custodial Worker I	4.5	5	36,473
Accounting Technician I	1.0	9	11,139
Food Service Manager II	1.0	13	15,537
Cook II	4.0	8	41,076
TOTAL ADMINISTRATION	18.5		210,508

Direct Care

Professional Nurse III	1.0	14	17,080
Professional Nurse II	4.0	13	62,148
Licensed Practical Nurse II	8.0	10	96,728
Psychiatric Aide III	4.0	9	44,556
Psychiatric Aide II	15.0	8	154,035
Psychiatric Aide I	7.0	7	66,402
TOTAL DIRECT CARE	39.0		440,949

Developmental Staff

Psychologist V	1.0	17	22,113
Psychologist III	2.0	15	37,208
Psychiatric Social Worker IV	1.0	16	20,287
Social Worker III	1.0	13	15,537
Recreation Therapist II	1.0	14	17,080
Recreation Aide II	2.0	9	22,278
Occupational Therapist II	1.0	14	17,080
Music Therapist II	1.0	14	17,080
Ungraded Teacher II	4.0	12	57,136
Teacher Aide II	4.0	8	41,076
Vocational Instructor II	2.0	12	28,568
TOTAL DEVELOPMENTAL	20.0		295,443
TOTAL PERSONNEL	77.5		$946,900

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